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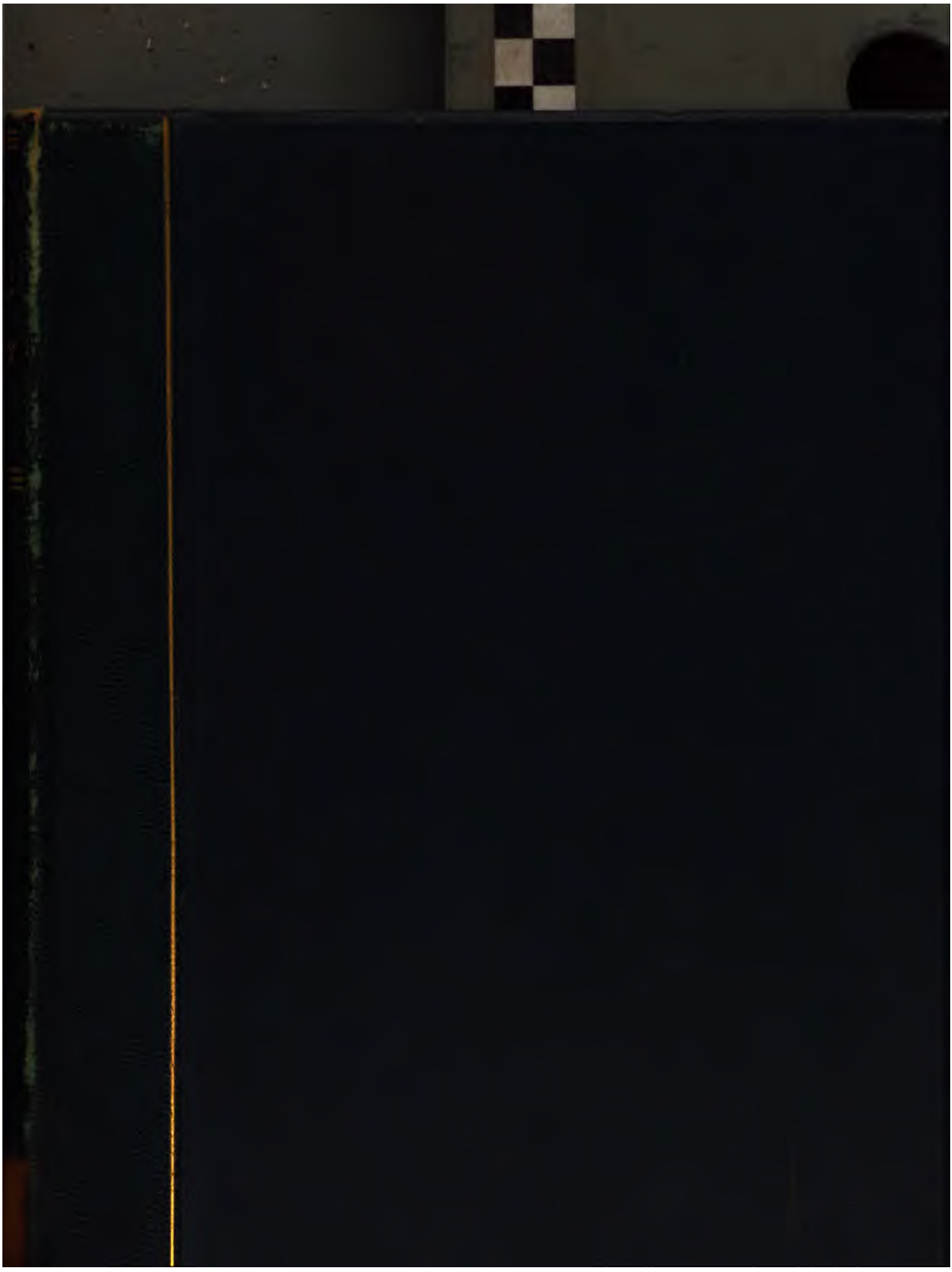

MARTIN'S

ATLAS OF OBSTETRICS AND GYNÆCOLOGY

MARTIN'S ATLAS

OF

OBSTETRICS AND GYNÆCOLOGY

EDITED BY A. MARTIN
DOCENT IN THE UNIVERSITY OF BERLIN

SECOND EDITION

TRANSLATED AND EDITED WITH ADDITIONS

BY

FANCOURT BARNES, M.D., M.R.C.P.
PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL
ASSISTANT PHYSICIAN TO THE ROYAL MATERNITY CHARITY OF LONDON, ETC.

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MARTIN'S

ATLAS OF OBSTETRICS AND GYNÆCOLOGY

PREFACE TO THE SECOND EDITION.

THE first edition of the Hand-atlas was out of print before my father's death, but I had already commenced a new edition which should be abreast of the latest knowledge on the subject. If I have only just completed my task, it is not because I have allowed personal matters to delay it, but on account of the necessity of a thorough revision of the fresh material which had accumulated with the advance of our profession during the last few years.

In the new edition I endeavoured, in the first instance, to replace the diagrammatic drawings by original ones when possible. I have, however, been obliged to retain some of the diagrammatic drawings because it was impossible to procure trustworthy originals. At the same time it was to the interest of the atlas that as many as possible of the original stones should be retained, lest the expenses of publishing, which were already greater, should have been so raised as to render the work less accessible to a larger circle. It is for this reason that many of the old drawings have been retained, of which modern originals exist. Only where the latter were essential to a proper comprehension have I suppressed the first without any regard for the occasional use of the old stones.

In addition to new illustrations, my father had already collected a number of original drawings from preparations which he had obtained in the hospital clinic, or in private practice. Besides these, I have been allowed the use of many old and recent drawings by Carl Ruge in the clinic, and I wish here to thank Professor Schröder for the ready assent he gave to this. I also tender my best thanks to my honoured friend Carl Ruge himself for the friendly, and professional, and artistic advice, as well as for the assiduous assistance which he never grew weary of rendering me in designing fresh drawings, and selecting others from his own collection, or from other sources. I have, of course, taken many drawings from many modern text-books, especially those of Spiegelberg and Schröder, from the "Archives of Gynæcology" and from the various periodicals. To Herr Geheimrath Winckel of Dresden, and Herr Dr. G. Leopold of Leipzig, I am especially indebted for the great kindness with which they placed the valuable originals of their latest publications, some of them while still in the press, at my disposal. I have made extensive use of Braune's "Illustrations of Sections from Frozen Bodies," Hyrtl's "Atlas on the Results of Corrosion-anatomy" Virchow's "Tumours" and others. And so I have, in the new edition, increased and improved the topographical drawings of the genitals in the various stages of their development, as well as the microscopical illustrations of their physiological and pathological conditions. The plates illustrating the pelvic conditions have received an important addition in the collection of stereoscopico-photographic illustrations of selected specimens from the rich collection of

the Berlin clinic, which I made in the year 1872. Had it not been for the fact that I should have been forced to reject many useful old drawings to do so, I should have liked to reproduce all the pelvic illustrations, especially as in most cases their history was available.

Another difficult question was whether or not instruments generally, and which, should be illustrated. The experience that even a limited selection was useful in practice has induced me to retain them. It was, of course, impossible to furnish even an approach to a complete armamentarium. This alone would require a large atlas. I have therefore only given those which have proved useful and trustworthy in our hospital and private practice, and take this opportunity of saying that I by no means criticise by this selection any other instruments. As regards the obstetric instruments, the selection was simple enough, but the gynæcological instruments were not so easily chosen, because every gynæcologist uses different instruments in his daily practice, and because individual preference for certain instruments is very prevalent. I have, therefore, endeavoured only to give those which appear to have been more generally adopted.

In arranging old and new drawings together, sometimes on the same plate, it was not always possible to place each in its right place. I must apologise for this on the ground of insuperable difficulty. As a rule I have adhered to the order adopted by my father, although I have not annexed his schema to the new edition. I was induced to suppress this by the conviction that we are not able to carry out such a combination as naturally as it might appear, on account of the great advance and development in midwifery as well as gynæcology. In the place of the schema, therefore, I have inserted a detailed index.

Lastly, I cannot refrain from specially acknowledging the perseverance and great pains taken by the artist, Herr A. Schültze, in the difficult task of drawing the illustrations and the willingness he displayed in giving effect to my wishes, and those of the publishers.

May the atlas in its new form enjoy the same favour it received on its first appearance.

A. MARTIN.

Berlin, *March*, 1878.

PREFACE TO THE ENGLISH EDITION.

When asked to undertake the translation of Martin's Obstetric Atlas, I readily acceded to the request made to me, because I believed the work would be welcome to a large number of students and practitioners who are unfamiliar with the German language, and because no exactly similar work existed in English.

I have ventured to add several illustrations from my father's work on the Diseases of Women, which I thought might be useful. I have also inserted illustrations of some of the obstetric instruments most commonly used in this country.

FANCOURT BARNES.

London, *June*, 1880.

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„ 2. Face presentation.
„ 3. Brow presentation.
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PLATE XXIX.

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„ 3. Triplet after birth with two embryos arrested in development.

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,, 3. Lupus of the vulva.

PLATE XXXII.

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„ 3. The same preparation opened in front.

PLATE XXXIX.

FIG. 1. Left obliquity of the uterus.
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„ 4. Fundus uteri twisted to the left, and os uteri constricted, from a girl aged 15 years.
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„ 6. Bulky vaginal portion of the above preparation from below, with obliquely situated os uteri.

PLATE XL.

FIG. 1. Anteflexion of the puerperal uterus; on the posterior wall at the placental site is attached a portion of placenta.
„ 2. Puerperal retroflexion; placental polypus on the anterior uterine wall.
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„ 5. Distension of the bladder by retained urine, consequent on retroversion of the womb.
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„ 3. Obtuse-angled anteflexion.
„ 4. Obtuse-angled anteflexion.
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„ 6. Right-angled anteflexion.
„ 7. Acute-angled anteflexion.

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„ 2. Obtuse-angled retroflexion of the uterus.
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„ 5. Retroflexion with adhesions to the rectum.

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FIG. 1. Partial inversion of the uterus in a woman 30, who died three hours after delivery; viewed from above.
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PLATE XLVI.

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,, 5. Fibroid tumour in the anterior wall of the uterus, which has grown to the size of a uterus far advanced in pregnancy.

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,, 3. Mucous polypus at fundus, growths of mucosa and its utricular glands.
,, 4. Interstitial submucous fibroids; the submucous fibroid has grown into the uterine cavity.
,, 5. Numerous round fibroids, partly under the peritoneal covering, partly under the uterine mucosa.
,, 6. Fibroid tumour in the wall of the fundus uteri soon after labour.

PLATE LII.

FIG. 1. Fibroid in the posterior wall of the cervix and body of the uterus.
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,, 3. Interstitial fibroid in the anterior wall of much enlarged uterine body.
,, 4. Section of fibroid seen in fig. 3.

PLATE LIII.

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PLATE LIV.

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,, 4. Adenoma. Longitudinal section from surface.

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PLATE LXI.

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„ 2. Longitudinal rent of the cervix.

PLATE LXII.

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PLATE LXIII.

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PLATE LXVI.

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„ 4. Twisting and strangulation of the umbilical cords in twins.

PLATE LXX.

FIG. 1. Twisting of the umbilical cord.
„ 2. Twisting of the cord.
„ 3. Twisting and knotting of the cord.

PLATE LXXI.

Placenta of twins with compressed fœtus.

PLATE LXXII.

FIG. 1. Abdominal cavity of a woman who had carried a lithopœdion 22 years.
„ 1a. The lithopœdion in fig. 1, removed from the abdominal cavity.
„ 2. Embryo which died from hæmorrhage during the fourth month of pregnancy in an uninjured ovum.
„ 3. A lithopœdion which was carried in the abdomen by a peasant woman during 40 years, although two normal pregnancies occurred.

PLATE LXXIII.

FIG. 1. Hydrocephalus with spina bifida.
„ 2. Fœtal head with hernia cerebri.
„ 3. Absence of head and upper extremities in a fatty twin fœtus 24 centimeters long.
„ 4. Complete ectopia of the thoracic and abdominal viscera in a female fœtus with cloacal formation.
„ 5. Absence of one of the lower extremities. Monopodia.

PLATE LXXIV.

FIG. 1. Ruptured congenital umbilical hernia, acrania, cyclopia with proboscis and absence of the superior maxilla.
„ 2. Male fœtus born in foot presentation with hydrocephalus.
„ 3. An encephalous fœtus with distended backward cranial cleft. Eyes situated above, ears below.
„ 4. A new-born female fœtus with coccygeal tumour which should contain another fœtus.

PLATE LXXV.

FIG. 1. Growing together of the cranial integument and the placenta. (Hernia cerebri).
„ 2. Sympodia. Monstrum sireniforme.
„ 3. Growing together of both lower extremities.
„ 4. Cyclopia with proboscis and hydrocephalus in a twin child.
„ 5. Incomplete development of the finger, so-called self-amputation.
„ 6. One-headed double monster. Janiceps.

PLATE LXXVI.

FIG. 1. Double monster.
„ 2. Skeleton fig. 1.
„ 3. Division of joints by exudation membranes. Amputatio spontanea.

PLATE LXXVII.

FIG. 1. Transverse presentation in the uterus laid open during the seventh month of pregnancy.
„ 2. Transverse presentation with prolapsed arm, head to the right, feet to the left, and backwards.

PLATE LXXVIII.

FIG. 1-4. The different stages of spontaneous expulsion.
„ 5. Labour with the body bent double.

PLATE LXXIX.

FIG. 1. Universally-contracted pelvis.
„ 2. Universally-contracted pelvis.

PLATE LXXX.

FIG. 1. Flattened pelvis from rachitis.
„ 2. Antero-posterior contraction of the pelvis from rickets.

PLATE LXXXI.

FIG. 1. Antero-posterior contraction of the pelvis.
„ 2. Section through a spondylolisthetic pelvis.

PLATE LXXXII.

FIG. 1. Transversely-contracted osteomalacic pelvis.
„ 2. Transverse contraction of the pelvis.

PLATE LXXXIII.

FIG. 1. Transverse contraction of the pelvis with bilateral sacral anchylosis.
„ 2. The same pelvis seen from above.
„ 3. The same pelvis seen from beneath.

PLATE LXXXIV.

FIG. 1. Transverse contraction of the pelvis from early-acquired anchylosis of both sacro-iliac synchondroses.
„ 2. Contraction of pelvic cavity by exostosis of the sacrum.

PLATE LXXXV.

FIG. 1. Obliquely contracted pelvis from anchylosis of the left sacro-iliac synchondrosis in early childhood.
„ 2. Obliquely contracted pelvis from anchylosis of the left sacro-iliac synchondrosis shewn from behind.

PLATE LXXXVI.

FIG. 1. Pelvis spinosa.
„ 2. Contraction of the pelvic cavity by bony cancer.

PLATE LXXXVII.

FIG. 1. Lumbo-sacral kyphotic pelvis.
„ 2. Funnel-shaped pelvis.
„ 3. Cleft pelvis seen from the front.
„ 4. Cleft pelvis seen from behind.

PLATE LXXXVIII.

FIG. 1. Pelvic inlet of a normal female pelvis.
„ 2. Pelvic inlet of a universally-contracted pelvis.
„ 3. Pelvic inlet of a flattened rickety pelvis.
„ 4. Pelvic inlet of an obliquely-contracted pelvis with unilateral ilio-sacral anchylosis.
„ 5. Pelvic inlet of an obliquely-contracted pelvis with lumbo-sacral kypho-scoliosis.
„ 6. Pelvic inlet of a transversely-contracted osteomalacic pelvis.
„ 7. Pelvic inlet of a pelvis spinosa.

PLATE LXXXIX.

FIG. 1. Front view of a kyphoscoliotic girl who had never menstruated, and who had complete prolapse of the uterus.
„ 2. Side view of same.
„ 3. Back view of same.

PLATE XC.

FIG. 1. The impressions of the fœtal head in new-born children.
„ 2. Microscopic section of the above.
„ 3. Cranial impression.
„ 4. Spoon-shaped impression of the cranium.
„ 5. Cranial depression.
„ 6. View of the point of depression in the left side of the fœtal head in fig. 5.

PLATE XCI.

FIG. 1. Chamberlain's forceps.
„ 2. Palfyn's forceps.
„ 2A. Single blade of Palfyn's forceps.
„ 3. A short straight English forceps with leather covering.
„ 3A. Single blade of Orme's forceps.
„ 4. Leveret's forceps with head and pelvic curves.
„ 4A. Right female blade of Leveret's forceps.

PLATE XCII.

FIG. 1. Pelvimeter after E. Martin.
„ 2. Pelvimeter after Collin.
„ 3. Colpeurynter after C. Braun.
„ 4. Fiddle-shaped india-rubber dilators after R. Barnes.
„ 5. Balloon for artificial induction of labour after Tarnier.
„ 6. Shapes of laminaria tents and compressed sponges in various sizes.
„ 7. Funis repositor after E. Martin.
„ 8. Funis repositor after Robert.
„ 9. Blunt hook.
„ 10. Key-hook after C. Braun.
„ 11. Smellie's perforating scissors.
„ 12. Blot's perforator.
„ 13. Nægele's perforator.
„ 14. Trepan-shaped perforator with bayonet socket.
„ 15. Trepan-shaped perforator after C. Braun.
„ 16. Bone forceps after Mesnard-Stein.

PLATE XCIII.

FIG. 1. Forceps after E. Martin.
„ 2. Forceps after Nægele.
„ 3. Brush forceps after Ideler.
„ 4. Cephalotribe after E. Martin.
„ 5. Cephalotribe after Braxton Hicks.
„ 6. Cranioclast after C. Braun.
„ 7. Combination of perforator and cranioclast after J. Veit.

PLATE XCIV.

FIG. 1. C. Mayer's glass speculum.
„ 2. Sims' speculum.
„ 3. One-bladed speculum after Kristeller.
„ 4. Simons' speculum.
„ 5. Uterine sound.
„ 6. Bullet forceps with clutch hook.
„ 7. Spring dressing forceps.
„ 8. Curved scissors.
„ 9. Schröder's scissors for incising os uteri.
„ 10. Scarificator after C. Mayer.
„ 11. Squirt from intra-uterine injections after C. Braun.
„ 12. Sharp curette after Simon.
„ 13. Récamier's curette.
„ 14. Uterine medicator after E. Martin.
„ 15. Bath speculum.
„ 16. Speculum for irrigating the vagina after von Preuschen.
„ 17. Dilator after Greenhalgh.
„ 18. Instrument to introduce sponge tents after R. Barnes.
„ 19. Double knife for the incision of the os uteri after E. Martin.
„ 20. Double knife after Greenhalgh.
„ 21. Knife for incision after Sir James Simpson.
„ 22. Hodges' vaginal pessary.
„ 23. Intra-uterine stem with holder.
„ 24. Spring-stem pessary after E. Martin.

PLATE XCV.

FIG. 1. Complete procidentia uteri.
„ 2. Fibroma uteri.

PLATE XCVI.

FIG. 1. Occlusion of the vulva.
„ 2. Atresia vagina.

PLATE XCVII.

FIG. 1. Atresia of vagina.
„ 2. Retro-uterine hæmatocele.
„ 3. Extreme retroflexion of the uterus.

PLATE XCVIII.

FIG. 1. Dr. Grigg's uterine dilator.
„ 2. Long forceps after R. Barnes.
„ 3. Craniotomy forceps after R. Barnes.
„ 4. Crescent speculum after R. Barnes.
„ 5. Pessary for anteflexion of the uterus after Fancourt Barnes.

PLATE I.

FIGURE I.

Female Pelvis with its Ligaments seen from above.

(*From Kiwisch's Atlas of Obstetrics, Erlangen*, 1851).

A.A. Fourth lumbar vertebra.
B.B. Interarticular cartilage between the fifth lumbar vertebra and the sacrum.
C.C. Sacrum.
D.D. Coccyx.
E.E. Ilium.
F.F. Descending rami of the pubes.
G.G. Ischia.
H.H. Femora.
a. Anterior common ligament.
b.b. Promontory of the sacrum.
c.c. Lumbo-iliac ligaments.
d.d. Sacro-iliac ligaments, under which lie the sacro-iliac synchondroses.
e.e. Sacro-coccygeal ligaments.
f. Sacro-coccygeal articulation.
g.g. Sacro-spinous ligaments.
h. Anterior pubic ligament.
i. Sub-pubic ligament.
k.k. Obturator membrane.
l.l. Capsular ligaments.

FIGURE II.

A Perpendicular Section through the Pelvis to shew the Inclination and Median Line of the Pelvis.

(*From a Preparation in the Obstetric Clinic at Berlin*).

A.B. Horizontal lines.
a.a.a. The last three lumbar vertebræ.
b. Promontory of the sacrum.
c. Sacro-coccygeal articulation.
d. Tip of the coccyx.
b.e. Conjugate diameter of the pelvis.
d.f. Antero-posterior diameter of the pelvic outlet.
b.f. Diagonal conjugate diameter.
h.g. Antero-posterior diameter of the cavity of the pelvis.
i.k.l.m. The curve of the true pelvis.
f. This point is wrongly placed in the drawing on the horizontal line; it should properly stand on the lower margin of the symphysis pubis. The lines running to *f*, are to be drawn to the lower edge of the symphysis.

FIGURE III.

View of the Right Sacro-Iliac Articulation from behind.

a.a. Posterior part of the right ilium sawn through.
b. Sacro-iliac joint laid open.

FIGURE IV.

The Right Sacro-Iliac Symphysis laid open from above.

a. Right ala lateralis of the first sacral vertebra.
b.b. Ilium sawn through.
a.c. Sacro-iliac articulation.
d. Right posterior sacro-iliac ligament.

Fig. 1.

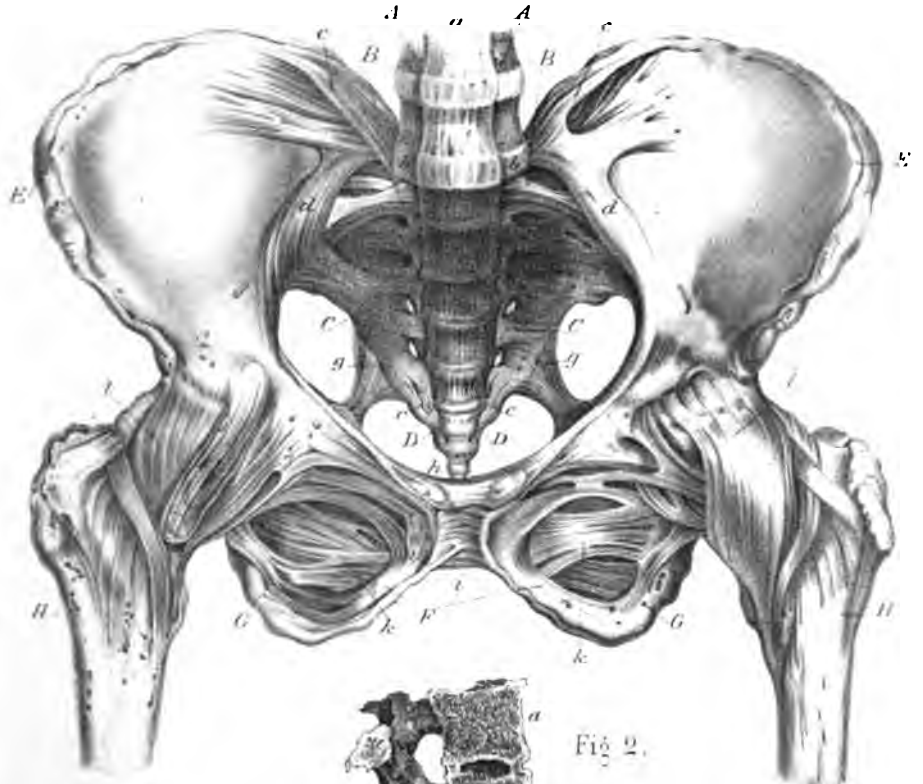

Fig. 2.

Fig. 3.

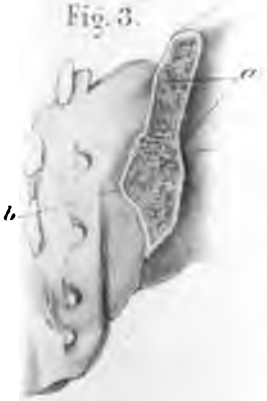

Fig. 4.

PLATE II.

FIGURE I.

Female Pelvis from below.

a.a. Antero-posterior diameter of the pelvic outlet.
b.b. Transverse diameter of the pelvic outlet.
c.c. Right oblique diameter of the pelvic outlet.
d.d. Left oblique diameter of the pelvic outlet.

FIGURE II.

Female Pelvis from above.

a.a. Posterior transverse diameter of the false pelvis.
b.b. Anterior transverse diameter of the false pelvis.
c.c. Conjugate diameter of the pelvic inlet.
d.d. Transverse diameter of the pelvic inlet.
e.e. Right oblique diameter of the pelvic inlet.
f.f. Left oblique diameter of the pelvic inlet. (The *f* which should be on the left sacro-iliac synchondrosis is omitted in the drawing).
g.g. Right and left sacro-cotyloid diameters.

FIGURE III.

Transverse Section through the Symphysis Pubis in advanced pregnancy.

FIGURE IV.

Transverse Section through the Symphysis Pubis in the non-pregnant state.

Fig. 1.

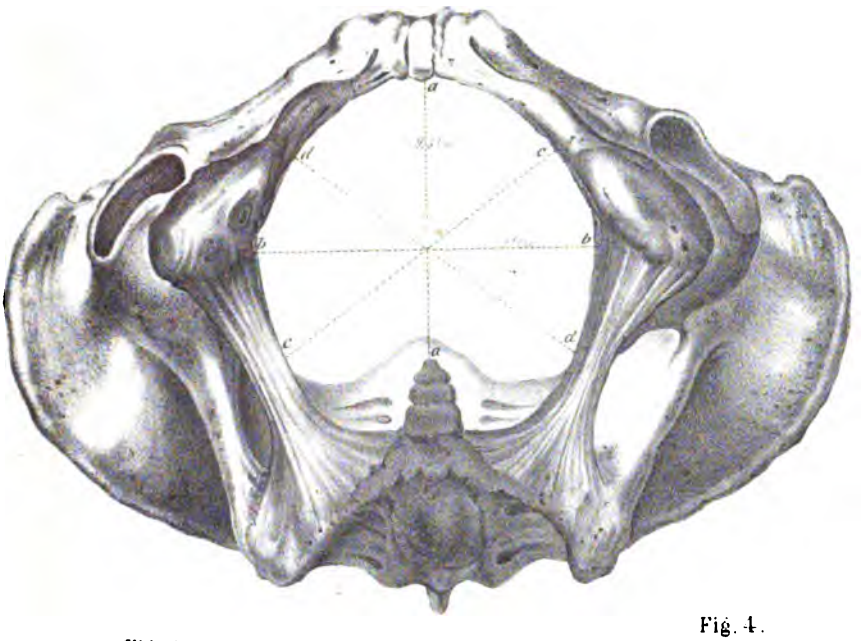

Fig. 3.

Fig. 4.

Fig. 2.

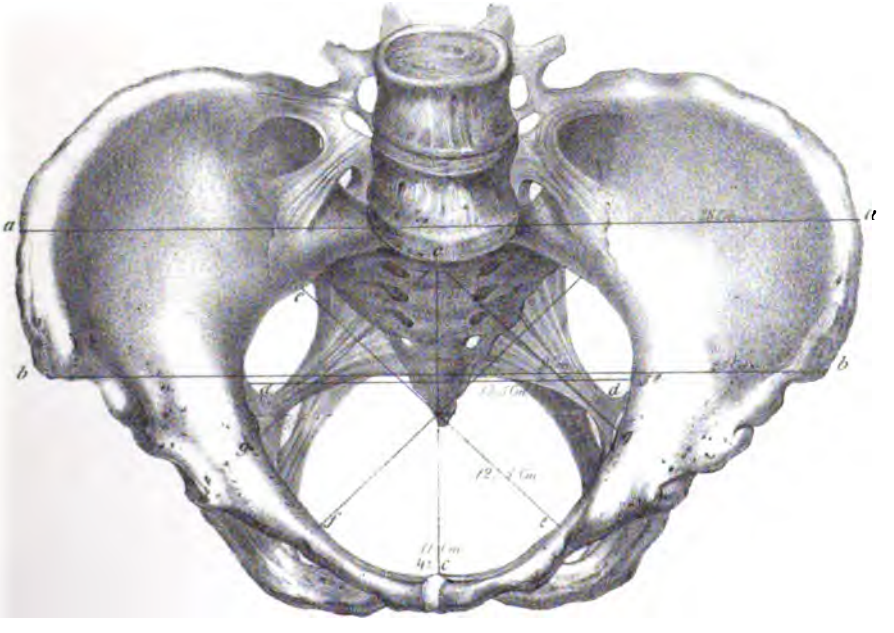

PLATE III.

FIGURE I.

Second Aperture of the Female Pelvis, or the so-called largest diameter.

a.a. Transverse diameter of the pelvic cavity.

b.b. Antero-posterior diameter of the pelvic cavity.

FIGURE II.

Third Aperture, the so-called smallest diameter of the Pelvis.

a.a. Transverse diameter of the third aperture.

b.b. Antero-posterior diameter of the third aperture.

FIGURE III.

Anterior Wall of the Pelvis from within.

a.a. Height of the symphysis pubis.

b.b. Total heights of the pelvis.

FIGURE IV.

Perpendicular Section through the Female Pelvis. Posterior wall of the Pelvis.

a.a. Height of the posterior pelvic wall from the promontory of the sacrum to the tip of the coccyx.

b.b. Height of the true pelvis at the side.

Fig. 2.

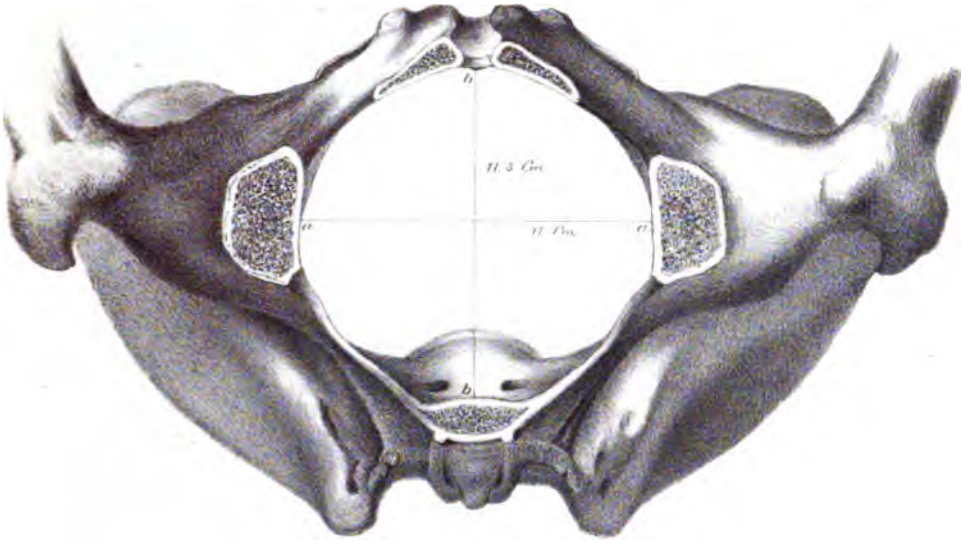

Fig. 1.

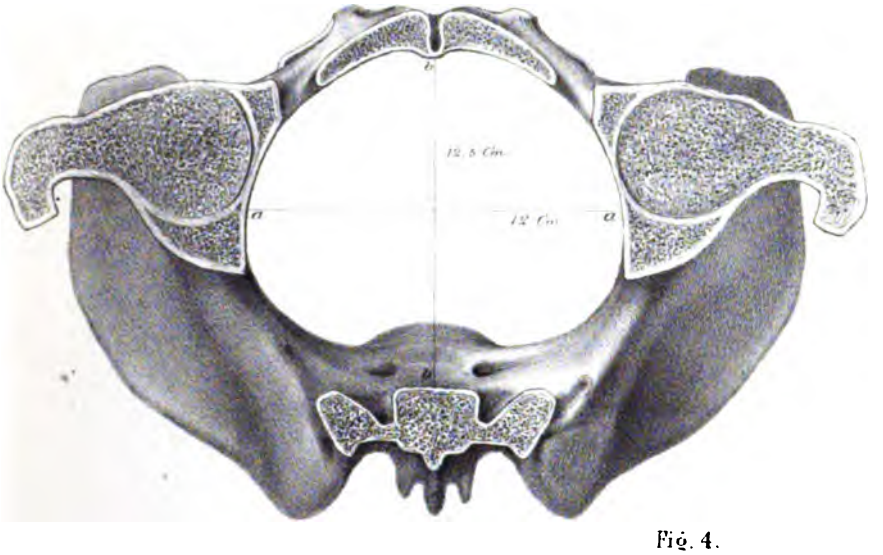

Fig. 4.

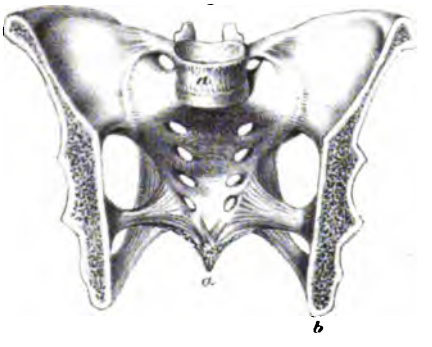

Fig. 3.

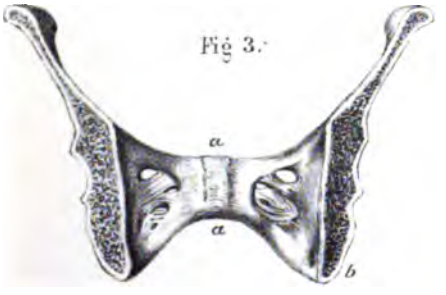

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PLATE IV.

FIGURE I.

Pelvis with the soft parts.

(Drawn from Nature.)

a. Psoas Muscles.
b. Abdominal Aorta.
c. Ascending Vena Cava.
d. Iliac Muscles.

FIGURE II.

Position of the Viscera at the sixth month of pregnancy.

(Drawn from Nature.)

a. Uterus.
b. Urinary Bladder.
c. Stomach.
d. Transverse Colon.
e. Liver.

Fig. 1.

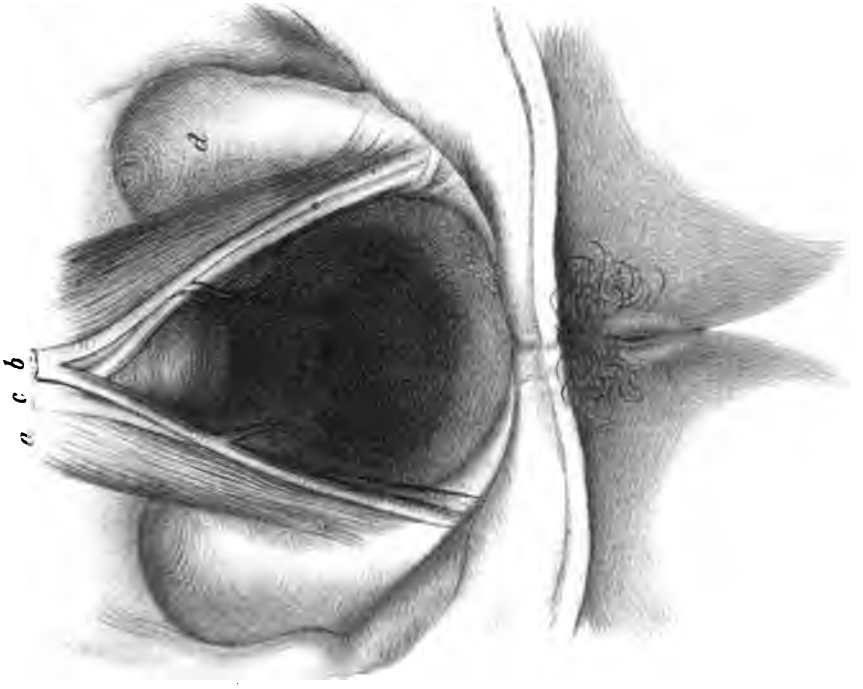

Fig. 2.

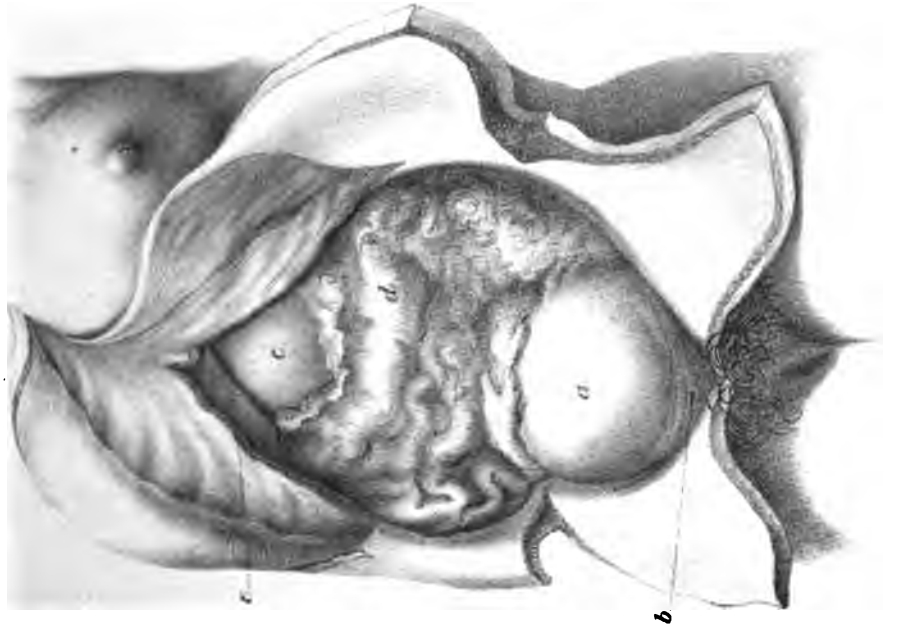

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PLATE V.

FIGURE I.

External Female Genital Organs.

a. Mons veneris.
b.b. Labia majora.
c.c. Labia minora.
d. Clitoris. (The letter *d* with its indicating line is not printed on the plate).
e. Prepuce of the clitoris.
f. Urethral meatus.
g. Vestibulum.
h. Hymen.
i. Frenulum.
k. Anus.
l. Perinæum.

FIGURE II.

Outlet of the Pelvis after removal of the Integument.

(After G. L. Kobelt. The male and female sexual organs. Freiburg, 1844, and Kiwisch, Atlas).

a. Anus.
b.b. Sphincter ani.
e.e. Closing muscle of the vagina, or constrictor ani.
d. Clitoris.
c. Glans clitoridis.
f.f. Ischio-cavernous muscles.
g. The left bulbus vestibuli injected, by the side of the plexus of veins in the wall of the vagina.
h.h. Transversales perinæi.
i.i. Levator ani.
k.k. Glutei.

FIGURE III.

The Vulva with the openings of the Ducts of the Glands.

a.a. Labia minora.
b. Meatus urinarius.
c. Numerous small follicular openings round the meatus.
d.d. Openings of the ducts of Bartholini's glands.

FIGURE IV.

Bartholini's Glands.

(After Fr. Tiedemann. On Duverney's and other glands in woman, Heidelberg).

a. Right labium majus.
b. Bartholini's (or Duverney's or Cowper's) glands.
[illegible]etory ducts of the same.

Fig. 1.

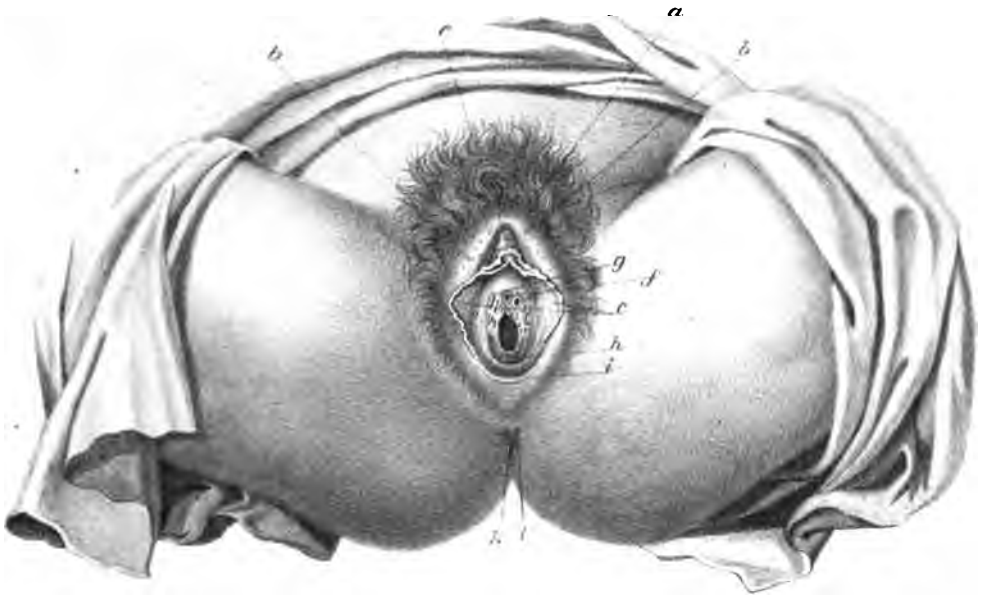

Fig. 4.

Fig. 3.

Fig. 2.

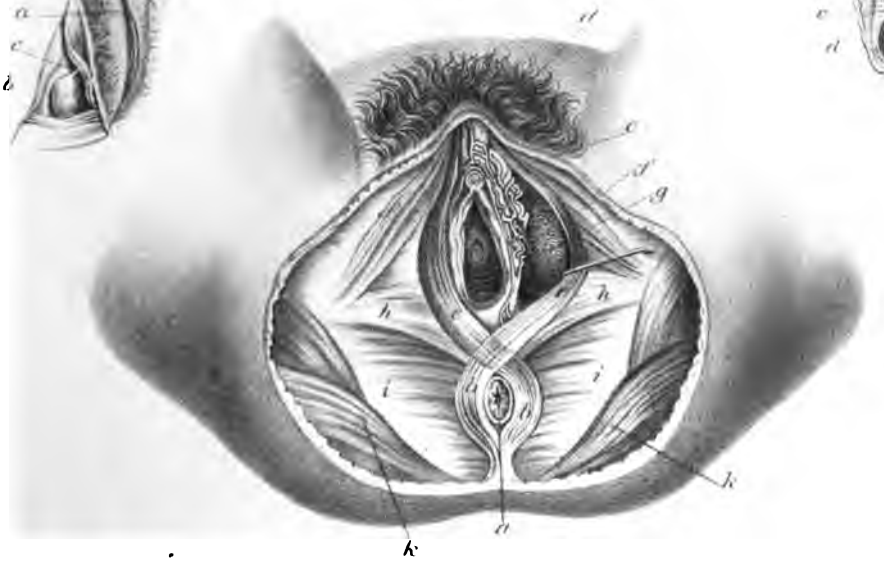

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PLATE VI.

FIGURE I.

Section of the Abdominal Cavity of a middle-aged Multipara.

(*Normal position of the parts after Pirogoff, III. A.* 22. *Figure* 1). (*Accompanying text by W. Braune. Atlas of Topographical Anatomy, Leipzig,* 1868).

U. Uterus.
V. Bladder.
S. Symphysis pubis.
P. Promontory of the Sacrum.
r. Rectum.
m. Mons veneris.
i. Intestines.

The uterus and appendages were normal and lay between the distended bladder and rectum. There were no small intestines behind the uterus. From this it is seen that the uterus always lies between the rectum and bladder even in their most varied degrees of distension; and that its position is considerably altered by their variations. The uterus itself in this representation lies considerably deeper than in the following. The conjugate measures 105 millimeters.

FIGURE II.

Section of the Pelvis with Distended Bladder and Urethra.

(*After Pirogoff, II. A.* 32. *Fig.* 20). (*Text of W. Braune*).

U. Uterus.
V. Bladder.
P. Promontory of the sacrum.
S. Symphysis pubis.
r. Rectum.
c. Tip of the coccyx. (The line in the drawing is drawn beyond the exact tip of the coccyx).
m. Mons veneris.

The greatly distended bladder has drawn the peritoneum away from the symphysis to a distance of 35 millimeters, and the uterus is drawn backwards and upwards by the stretching of the anterior wall of the vagina. The conjugate measures 102 millimeters. The rectum is empty and contracted. In this case again there are no small intestines to be seen behind the uterus.

FIGURE III.

Section through the Abdomen of a normally formed woman, aged 35, with the Bladder empty, the Rectum full.

(*After Pirogoff, III. A.* 21. *Fig.* 31). (*Braune, op. cit.*)

U. Uterus.
V. Bladder.
P. Promontory of the sacrum.
S. Symphysis pubis.
r. Rectum. (Marked *V* in the drawing).
c. Tip of the coccyx.
m. Mons veneris.

The section has not gone through the median line of the skeleton, and has not divided the urethra and anus, but only the uterus. The uterus forms here an obtuse angle with the vagina but is not anteflected. No small intestines lie between the uterus and rectum. The conjugate measures 110 millimeters.

Fig. 1.

Fig. 2.

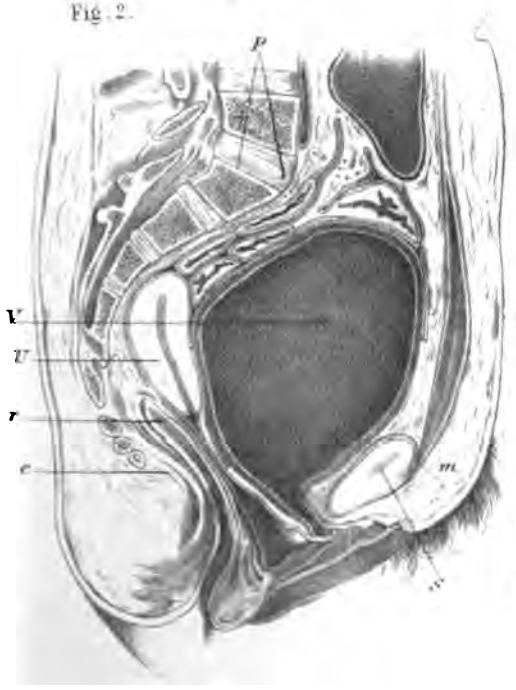

Fig. 3.

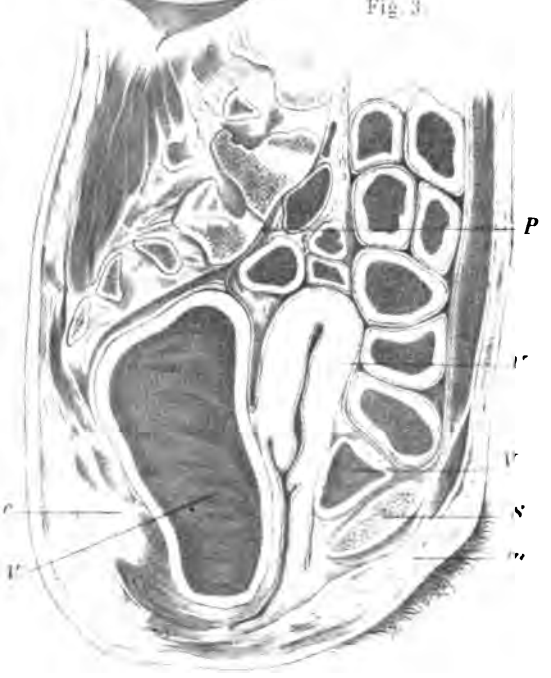

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PLATE VII.

FIGURE I.

Perpendicular Section of the Viscera of the Female Pelvis.

(HALF THE NATURAL SIZE).

(After O. Kolrauch, on the Anatomy and Physiology of the Pelvic Organs, Leipzig, 1854, and from a preparation of the Berlin Anatomy).

a. Sacrum.
b. The rectum laid open in its lower part.
c. The uterus.
d. The longer anterior lip.
e. The shorter posterior lip.
f. The bladder.
g. The symphysis pubis.
h. The vagina.
i. The urethra.
k. The clitoris.
l. The septum.
m. The anus.
n.n.n. The peritoneal covering of the pelvic organs. (On the fundus *R* is written instead of *n*).
o.o. Pelvic fascia.
p. Fascia transversalis.

FIGURE II.

View of the Female Pelvic Viscera from above.

(ONE-THIRD LIFE-SIZE).

(After Moreau, Practical Treatise of Obstetrics, Paris, 1857. Atlas).

a. The bladder.
b. The fundus uteri.
c.c. The Fallopian Tubes.
d.d. The ovaries.
e. The rectum.
f. The abdominal aorta.
g. The ascending vena cava.
h.h. The round ligaments.

Fig. 1

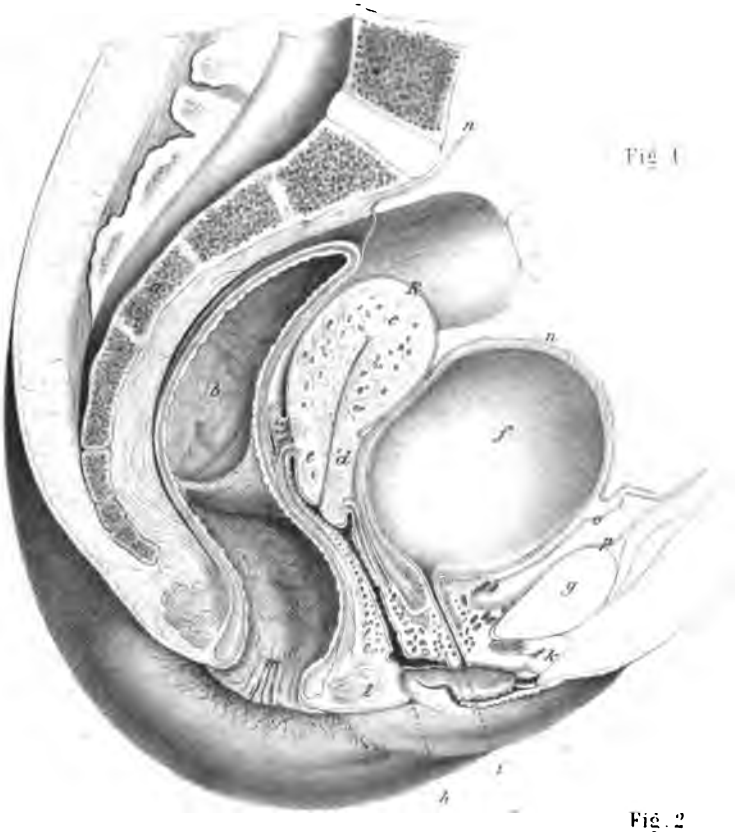


Fig. 2

PLATE VIII.

FIGURE I.

Dissection of Vagina, Uterus, Fallopian Tubes, Uterine Ligaments, and Ovaries.

(TWO-THIRDS LIFE-SIZE).

a. Fundus uteri.
b. Body of the uterus.
c. Cervix.
d. Vaginal portion.
e. External os uteri.
f. Anterior lip of the os uteri.
g. Posterior lip of the os uteri.
h.h. Vagina, with posterior rugæ.
i.i. Round ligaments.
k.k. Broad ligaments.
l.l. Fallopian tubes.
m.m. Fimbriated extremities.
o.o. Ovaries.

FIGURE II.

Well developed Uterus of a Fœtus at term.

(LIFE-SIZE).

a. Body of the uterus.
b. Neck of the uterus.
c. Cervical portion.
d.d. Fallopian tubes.
e.e. Round ligaments.

FIGURE III.

Perpendicular Transverse Section of the Uterus of a Mature Fœtus.

LIFE-SIZE).

a. Fundus of the uterus.
b. Body of the uterus.
c. Neck of the uterus.
d. Vaginal portion.
e. Vagina.

FIGURE IV.

Perpendicular Transverse Section of the Uterus of a girl aged 7 years.

(After A. Kussmaul. On the Absence, Arrested Development, and Double Development of the Uterus, Wurzburg, 1859).

a. Os uteri.
b. Uterine cavity, shews only a trace of the posterior uterine fold.
c. Cervical canal.
d. Puckered vaginal portion.
e. Vagina.

PLATE VIII.—*(Continued.)*

FIGURE V.

Well-developed Uterus of a young woman.

(LIFE-SIZE).

a. Fundus uteri.
b. Body of the uterus.
c. Opposite the internal os uteri (Isthmus uteri.)
d. Cervix.
e. External os uteri.
f.f. Fallopian tubes.
g.g. Round ligaments.

FIGURE VI.

Perpendicular Transverse Section of the Uterus from the body of a young woman.

a. Fundus uteri.
c. Uterine cavity with the convex margins inwards.
c. Internal os uteri. (The line should point to the upper border of the cervical cavity.)
d. Small folds of the cervix (Arbor vitæ uterinus.)
e.e. Vaginal portion.
g.g. Fallopian tubes.

FIGURE VII.

Uterus with Broad Ligaments from the body of a woman aged 79.

a. Fundus uteri.
b. Body of the uterus.
c. Cervix.
d. External os uteri.

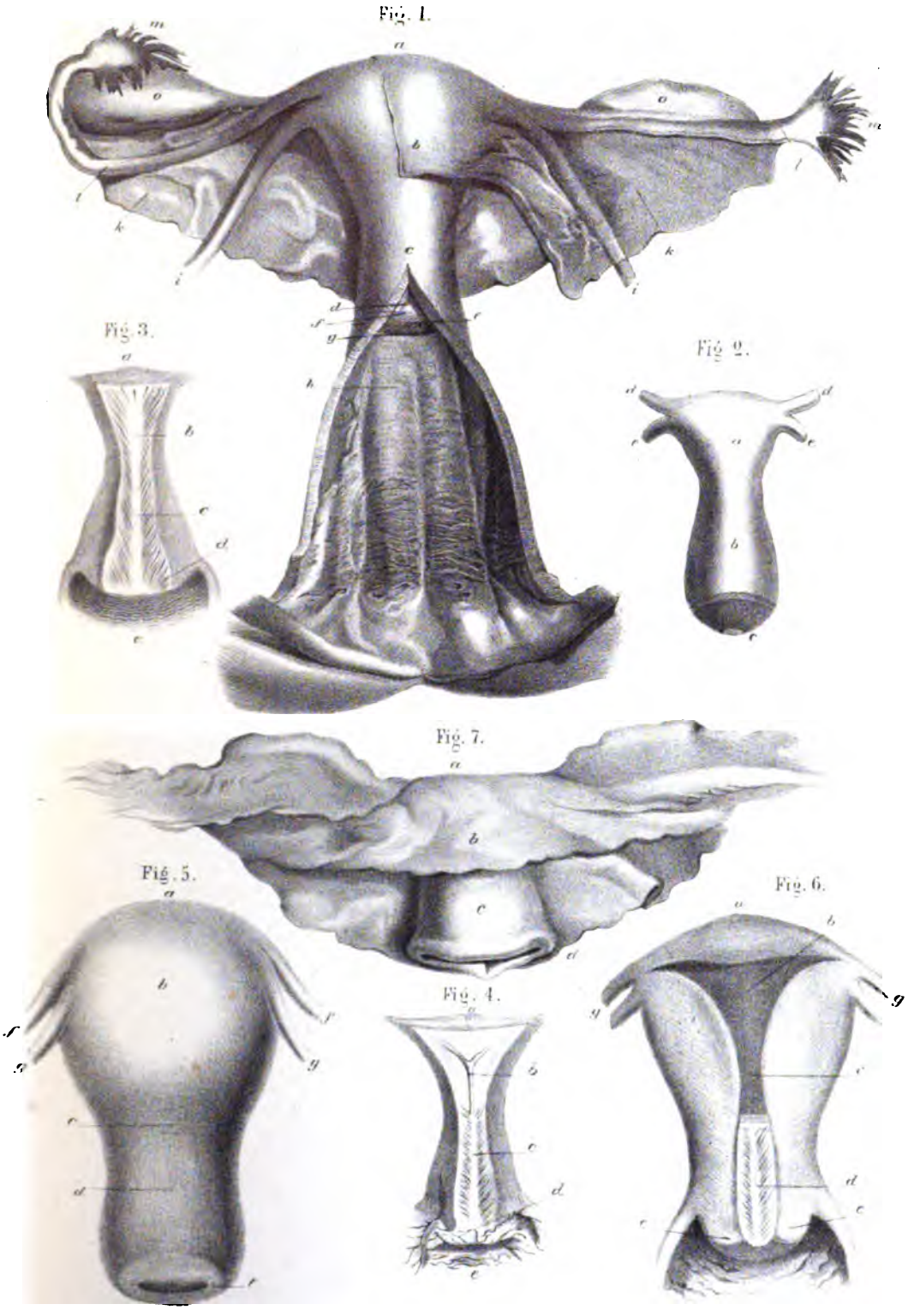


Fig. 1.
Fig. 3.
Fig. 2.
Fig. 7.
Fig. 5.
Fig. 6.
Fig. 4.

PLATE IX.

FIGURE I.

Internal Surface of Uterus soon after delivery at term.

(TWO-THIRDS LIFE-SIZE).

(After Moreau, op. cit.)

a.a a. Cervix uteri.
b.b.b. Divided wall of body of uterus.
c.c. Internal surface of lower portion of uterine cavity.
d.d.d. Placental site with gaping lacerated veins.

FIGURE II.

Transverse Section of Uterus One Year after delivery.

(From the body of a patient who died of typhus). (After a drawing by Dr. Brinkmann).

a. Fundus uteri.
b. Walls of the body of the uterus.
c. Posterior wall of the uterine cavity.
d.d. Fallopian tubes in the uterine walls.
e. Internal os uteri.
f. Posterior lip of os uteri.
g.g. Folds of the arbor vitæ.

FIGURE III.

Antero-posterior Section through Uterus.

a. Fundus uteri.
b. Posterior uterine wall.
c. Flattened anterior wall of uterus.
d. Internal os uteri.
e. External os uteri.
f. Elongated anterior lip.
g. Shortened posterior lip.
h. Vaginal vault.

FIGURE IV.

Broad Ligament with Fallopian Tube, Ovary, and Parovarium.

(After Kobelt and Kiwisch, op. cit.)

a. Ovary.
b.b. Parovarium.
c. Rudiment of obliterated duct of Wolffian body.
d. The cystiform bulbous end of the same.
e.e. The cut Fallopian tube.
f.f. Fimbriated extremity.

FIGURE V.

Section through an Ovary.

(After Kiwisch, op. cit.)

a.a. Section through recently ruptured Graafian follicle in a young woman. The inner membrane of the hypertrophied follicle appeared unevenly puckered, and coated with blood.
b.b.b.b. Sections of two follicles some time after rupture (corpora lutea).
c.c.c.c.c. Follicles in process of development.

Fig. 2.

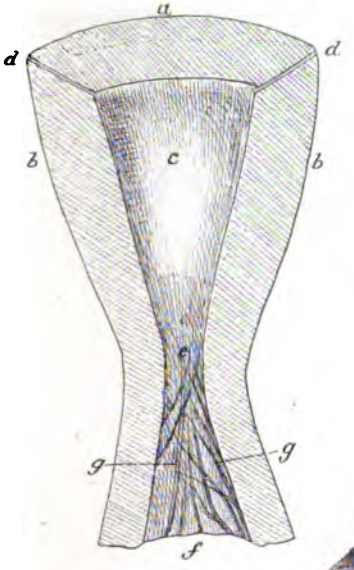


Fig. 4.

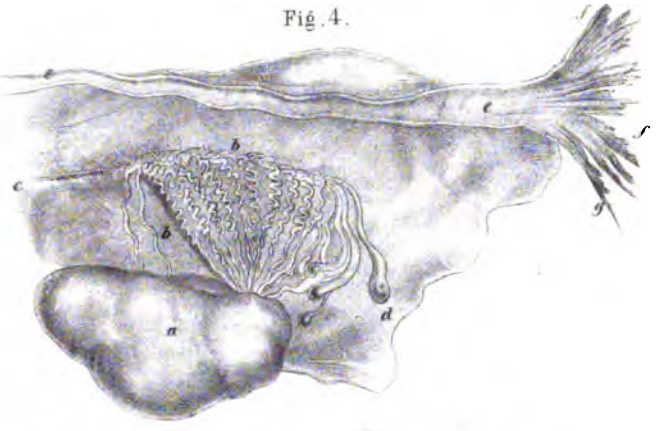


Fig. 5.

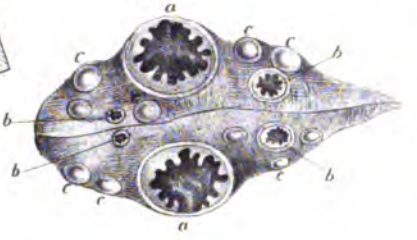


Fig. 3.

Fig. 1.

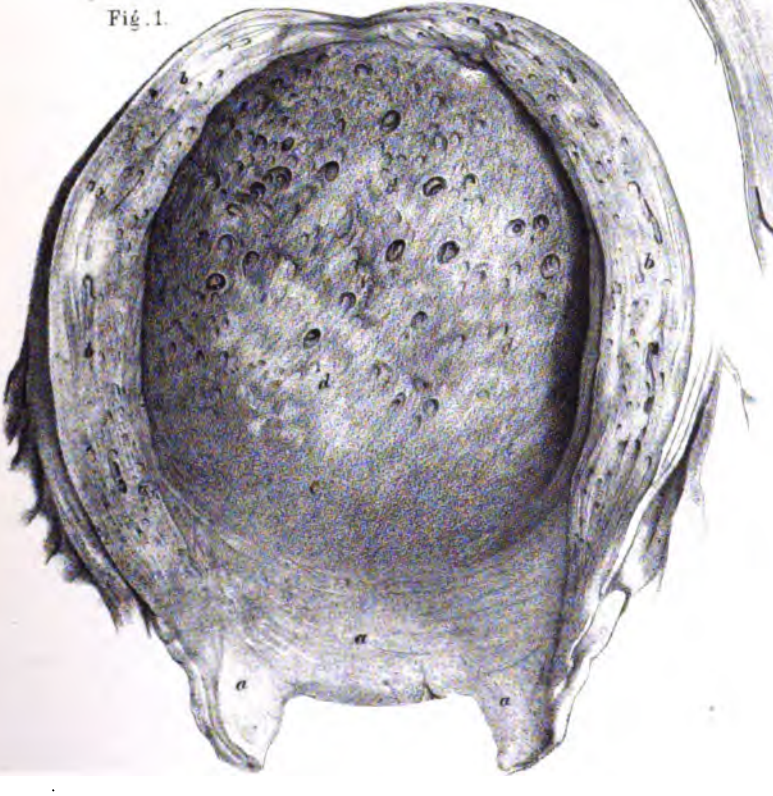


PLATE X.

FIGURE I.

Peritoneal Folds of the Serous Covering of the Uterus as shewing the direction and expansion of the retraction of the Uterus.

(After Matthews Duncan. On the chief direction and expansion of the retraction of the uterus, especially at the time of complete evacuation of the pregnant organ. Archiv für Gynækologie. band vi. s. 424, *and a photograph of a preparation by the same author).*

a. Fundus.
b. Opposite the ostium internum.
c. Bladder.
d. Body of uterus.
e. Fallopian tubes.

FIGURE II.

Leaf-like arrangement of the Muscles of the Pregnant Uterus.

(After G. von Hoffmann. Morphological researches on the muscles of the uterine body. Zeitschrift für Geburtshülfe und Frauenkrankheiten, 1876, s. 448*).*

P. Peritoneal covering, from which the muscular leaves arise and from which they overlap each other.
I. II. etc. First, second, etc., muscular leaf of anterior wall.
l.r. Round ligament.
D. Posterior surface of uterus.
G. Vascular, or middle layer; under which lies the internal or decidual layer.
Pl. Placenta.

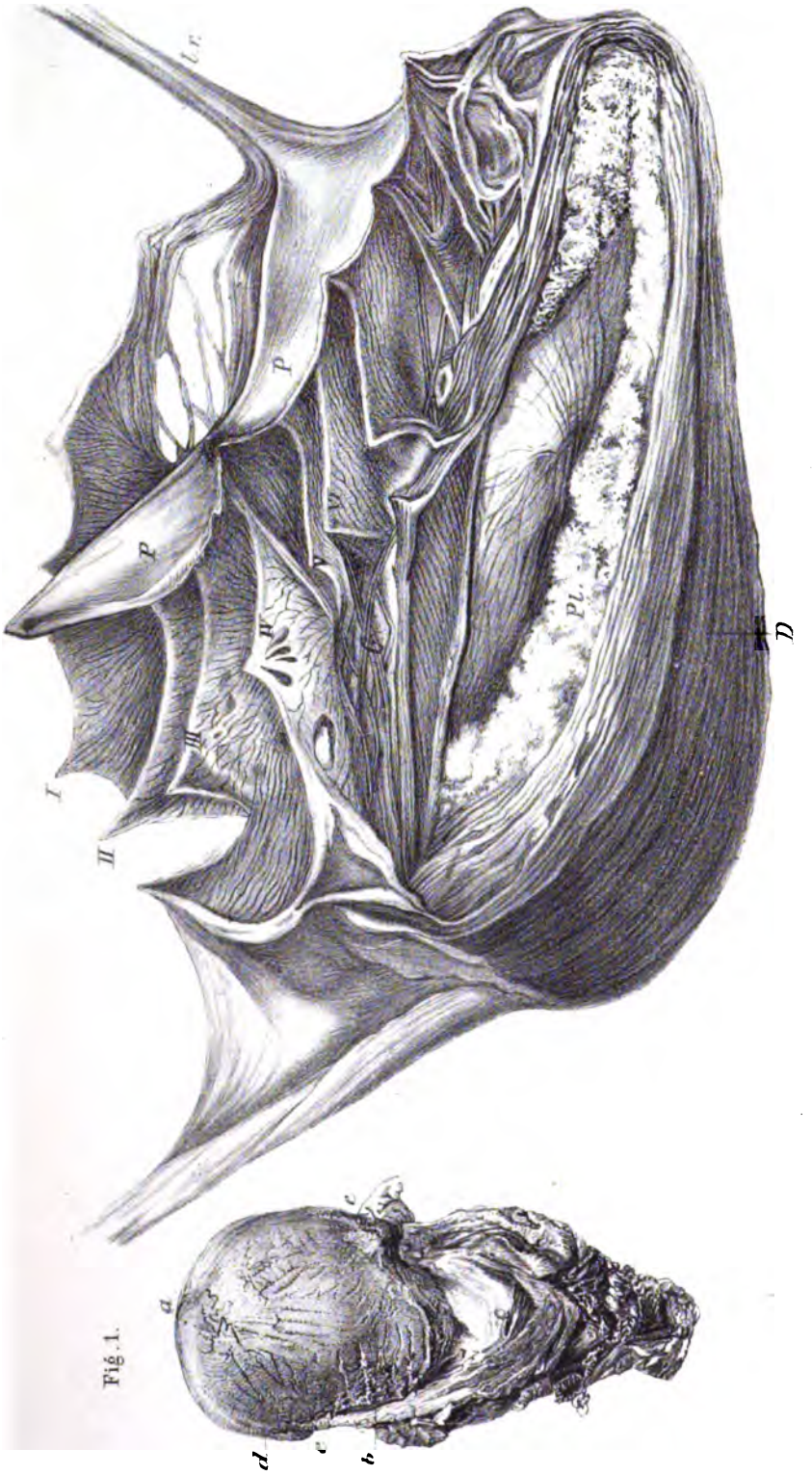


Fig. 2.
L.r.
P
P
V
V
IV
IV
Pl.
D
I
III
II
Fig. 1.
c
a
d
e
b

PLATE XI.

FIGURE I.

Arteries of the Uterus.

(After Hyrtl.[*] *Corrosion-Anatomy and its results, Vienna,* 1873. *Pl.* XIII.)

Unilateral Injection of the Arteries of the Internal Genital Organs of a Puerperal Woman.

POSTERIOR VIEW.

a. Internal spermatic artery.

b. Inferior branch of the same.

c.cb'. Branch to Fallopian tube.

c'.c'. Branches to the ovaries, from which large branches run at *a'.a'.* to the abdominal end of the Fallopian tube.

d. The inferior division of the internal spermatic, anastomising on the side of the uterus with the superior branch *e*, of the uterine artery.

g.g. Branches of the uterine artery whose ascending branches *h.h.* anastomose on the side of the uterus with the internal spermatic artery.

FIGURE II.

Injected Arteries and Veins of a Pregnant Uterus.

ANTERIOR VIEW.

(After Hyrtl, op. cit. Plate XV.)

The twisted arteries on the outer surface, few in number and volume compared with the veins. The veins converge on both sides into two chief branches (*a.a.*) which at once unite into one larger branch of a knotty form. The interwoven arrangement of the entire veins is seen to obtain also in the broad ligament. Varicose condition of the venous plaits.

b.b. Uterine Artery. The main branch of which is untwisted as is that of the vaginal artery, *c.c.*

[*] The so-called Corrosion-Anatomy consists in injecting the vessels with a solution of equal parts of—wax, turpentine, and copaiba. The organ after being injected with the above, is placed in a solution of from ½ to ¾ hydrochloric acid and water, and the soft parts allowed to corrode away. The injected portions then remain, etched out as it were. F. B.

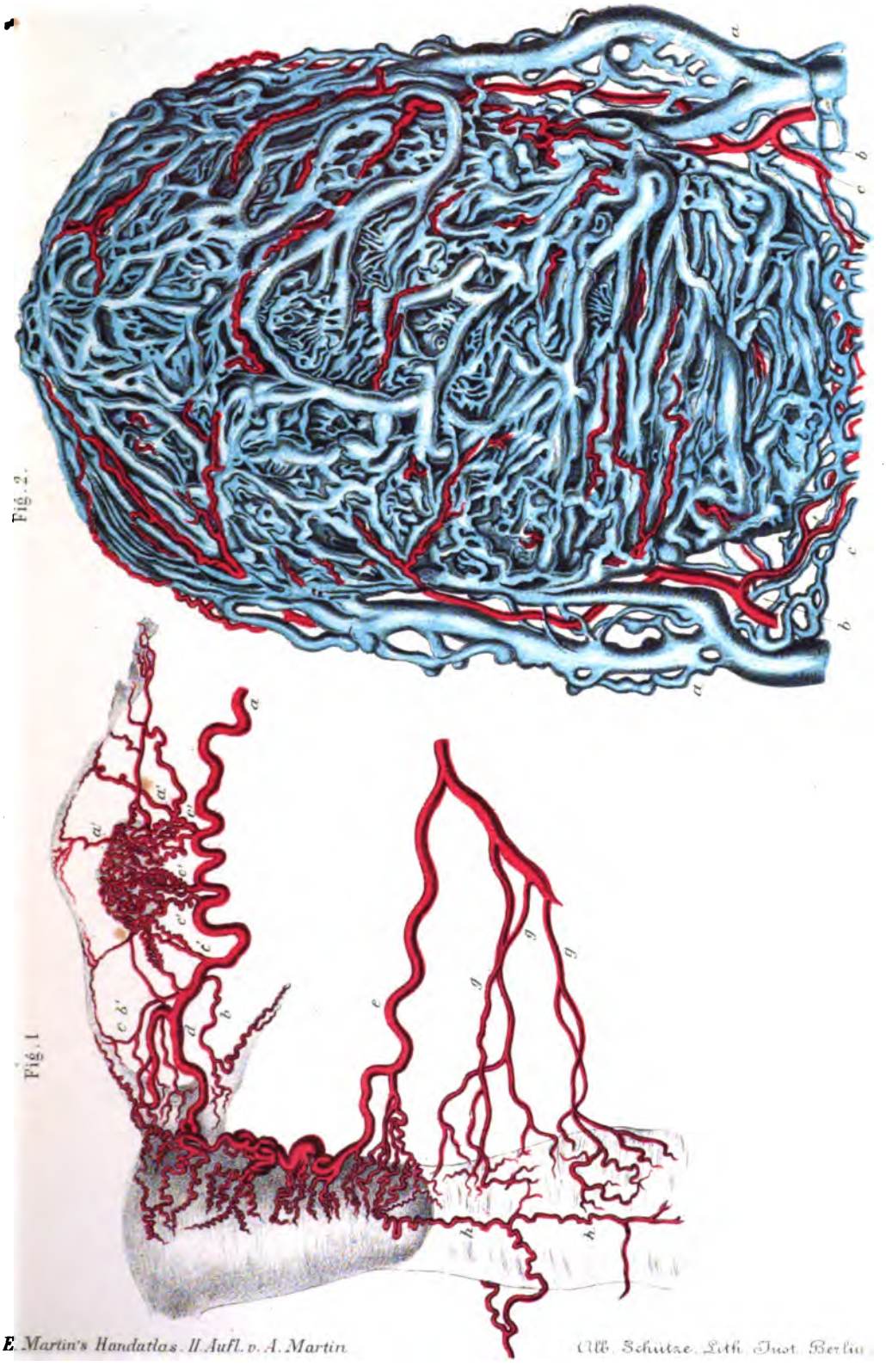

a
b
c
c
b
a
Fig. 2.
a
a'
a''
c'
c''
c
c b'
d
b
e
g
g
g
h
h
Fig. 1

PLATE XII.

Cervical Ganglion, Sacral and Uterine Nerves of the left side of a Pregnant Uterus.

(After Frankenhaüsen. The Nerves of the Uterus and their terminations in smooth muscular filaments, Jena, 1867).

I. Right Fallopian tube.
II. Right ovary.
III. Right round ligament.
IV. Uniting branch of the ovarian and uterine veins.
V. Ovarian vein.
VI. Venous plexus going to the base of the ovary.
VII. Posterior fold of the broad ligament.
VIII. Peritoneum dissected off and turned up.

1. Hæmorrhoidal nerve.
2. Largest nerve from the fourth sacral foramen going to join the cervical ganglion.
3. Nerve from the third sacral foramen going to the vagina and bladder across the cervical ganglion.
4. Branch from the second sacral nerve to the cervical ganglion. (Sometimes absent).
5. The largest branch to the cervical ganglion, from the third sacral nerve.
6. Small nerve ganglion, attached to the cervical ganglion, from which proceed branches to the hæmorrhoidal plexus.
7. Nerves communicating with each other between the vagina and rectum.
8. Small ganglion, lying on the cervical ganglion, from which branches go to the bladder.
9. Vaginal nerves.
10. The most external branch of the hypogastric plexus entering the cervical ganglion.
11. The artery and vein perforating the middle of the cervical ganglion, frequently giving rise to a large opening of a ring-shaped appearance.
12. Cervical ganglion.
13. Branches running between the vagina and bladder.
14. Nerve from the first sacral ganglion of the sympathetic to the ureter.

15, 17. Communicating branches with the vesical ganglion.

16. Nerves passing into the deep structure of the neck of the womb.

18, 19. Communicating branches between the cervical ganglion and the innermost branch of the hypogastric plexus. (21).

20. Vesical ganglion.
22. Branches of the same, some going to the deep tissues of the uterus, others communicating with the innermost branch of the hypogastric plexus.

23, 24. Nerves from the hypogastric plexus to the ureter.

25, 26, 27, 28. Superficial network of the nerves from the hypogastric plexus and cervical ganglion to the uterus.

29. Branch connecting the cervical and uterine nerves.
30. Entrance of the ovarian nerves from the posterior surface.

31, 32. Junction of the ovarian and uterine nerves, frequently presenting ganglionic swellings, whence one branch (34) runs to the round ligament, the other (35) to the fundus of the uterus.

33. The nerves to the Fallopian tubes, drawn somewhat too large.

Fig. 1

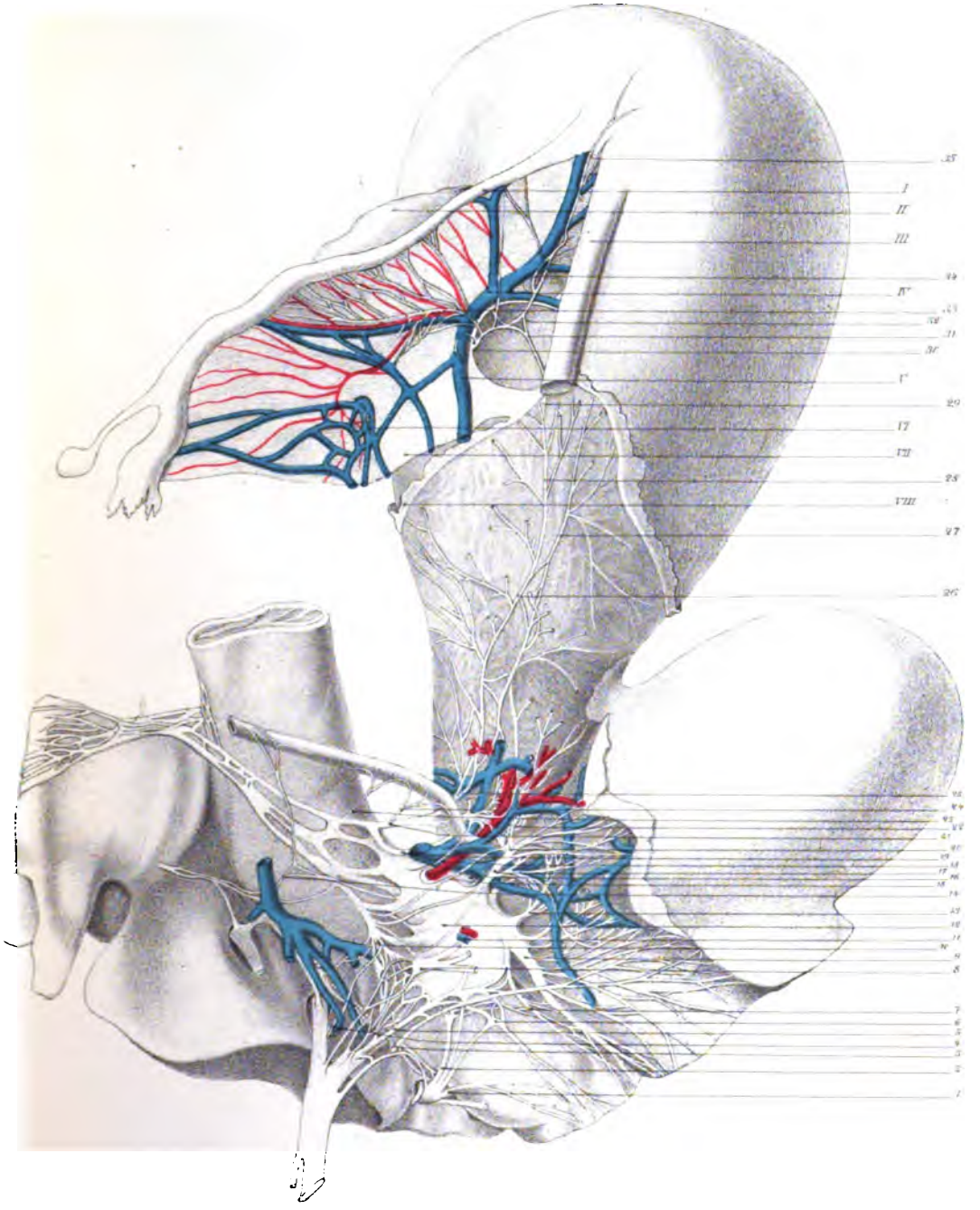


PLATE XIII.

FIGURE I.

Mucous Membrane of the Uterus on the first day after Menstruation.

(*After G. Leopold. Studies on the uterine mucosa during menstruation, pregnancy, and childbed. Archiv für Gynæcologie,* band xi und xii. 1877).

Mc. Mucous membrane.
Ms. Muscular tissue.
E. Epithelium of the free surface, still preserved and attached in some parts; in others, wanting or raised up by bleeding from the surface, but still recognisable amidst the sanguineous débris.
D. Glands, twisted like corkscrews, with dilatation of the lumen, most numerous in the middle layer; their openings are narrowed and turned inwards. The cylindrical epithelium well preserved, in parts swelled with large nuclei.
G. Vessels, in part insufficiently injected.
B. Bundle of muscular fibres divided transversely.
Z. Conical depressions of the mucous tissue in the funnel-shaped cavities between the limiting muscular bundles.

FIGURE II.

Transverse Section of the Left Fallopian Tube (middle portion) on the first day of Menstruation.

(*After Leopold, op. cit.*)

Z. Thickened bulbous ends of the tufts of the swollen mucous membrane, with exuberant capillaries. The epithelium partly preserved, partly pushed off the ends of the tufts and mixed with blood corpuscles.
R. Circular muscle, this like the tufts is interspersed with numberless red and white blood corpuscles, which are principally arranged round the dilated blood-vessels.
G. Vessels.

FIGURE III.

Mucous Membrane of the Body of the Uterus on the third day of Menstruation.

(*After G. Leopold, op. cit.*)

C. Exuberant, here and there denuded capillary networks, between which are occasional depressions, the openings of glands.
E. The mucous surface in the first stage of desquamation.
D. Glands more spiral and broader than in Fig. I.
A. The arteries in the deeper layers of the mucous membrane.
Z. Depressions of the mucous membrane in the muscular layer.
B. Muscular bundles.

PLATE XIII.—*(Continued)*.

FIGURE IV.

Fresh Corpus Luteum from 8 to 9 days old, 8 to 9 days after commencement of last Hæmorrhage.

(After Leopold, op. cit.)

C. Corpus luteum.
F. Follicle, the size of half a split pea.
N. Cicatrix, through which the blood-mass glistens.

FIGURE V.

Older Corpus Luteum (5 weeks).

(After G. Leopold, op. cit.)

FIGURE VI.

Corpus Luteum, three weeks old.

(After G. Leopold, op. cit.)

The reddish-brown tough coagulum is closed in by a strong yellow jagged membrane, in the most external borders of which are seen numerous minute extravasations.

FIGURE VII.

Corpus Luteum, seven weeks old.

(After G. Leopold, op. cit.)

The coat of the follicle half a millimeter in diameter, encloses a yellowish-grey nucleus containing a small cyst.

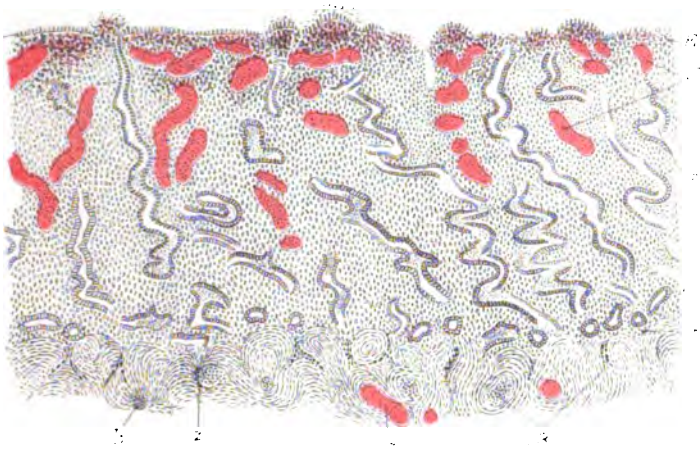
FIGURE VIII.

Almost Ripe Follicle.

(After G. Leopold, op. cit.)

A follicle of the size of a small bean, with nucleus projects into outer wall of ovary like a cyst and has a thin wall.

Fig. 1.



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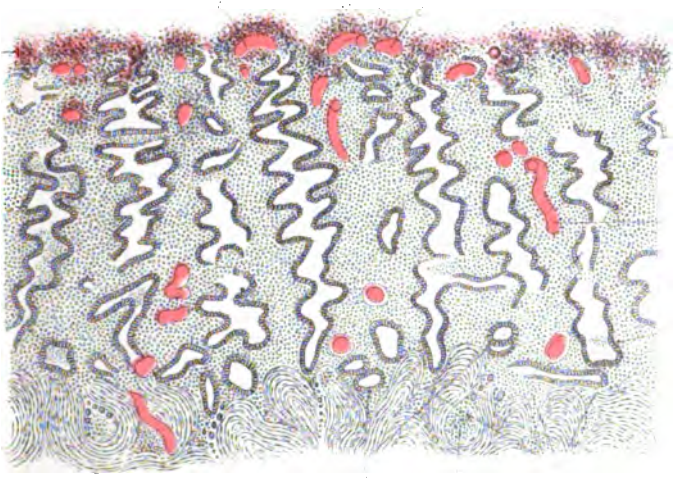
1.

5.

Fig. 3.



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8.

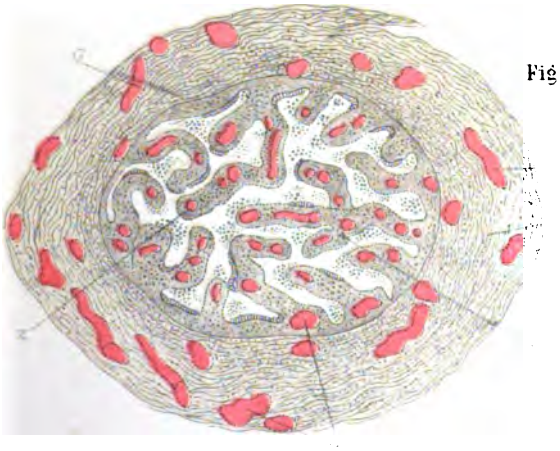


Fig. 2.

6.

PLATE XIV.

FIGURE I.

Lymphatic Vessels of the Non-pregnant Normal Uterus.

(After G. Leopold. The lymphatics of the normal unimpregnated uterus. Archiv für Gynäkologie, band vi.)

UTERUS OF A WOMAN AGED 30 YEARS. ANTERIOR VIEW.

T. Fallopian tubes.
O. Left ovary.
a. Subserous network of lymphatics.
b. Branches to the Fallopian tubes.

FIGURE II.

Uterus of a Sow, Blood- and Lymphatic-vessels.

(After Leopold, op. cit.)

H. Left horn.
T. Fallopian tube.
L.L. Broad ligament.
a. Subserous network of lymphatics of uterus.
b. Branch from the same to the Fallopian tube.
c. Subserous network of the lymphatics of the Fallopian tube.
d.d. Lymphatic ducts between the two layers of muscle.
e. Duct in broad ligament.
f. Ducts of the lymphatics of the Fallopian tube in the broad ligament.

FIGURE III.

Blood-vessels and Lymphatics from the Uterus of a Virgin aged 25.

(After G. Leopold, op. cit.)

A. Arteries.
V. Veins.
a. and *b.* Lymphatic vessels with raised endothelial membrane, resting on the margin at *a*, and on the surface at *b*.
c. Larger lymphatics, adjoining the blood-vessels.
d. Branch from the lymphatic vessels into the lymphatic loculus.
e.e. Lymphatic loculi with boundary of the nucleus of the same.

Fig. 1.

Fig. 3.

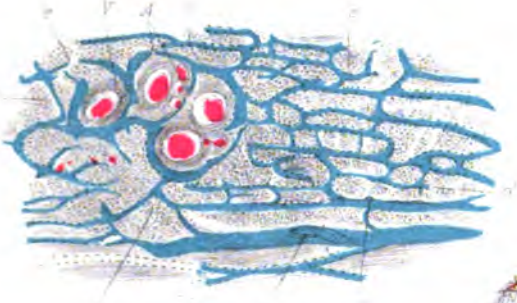


Fig. 2

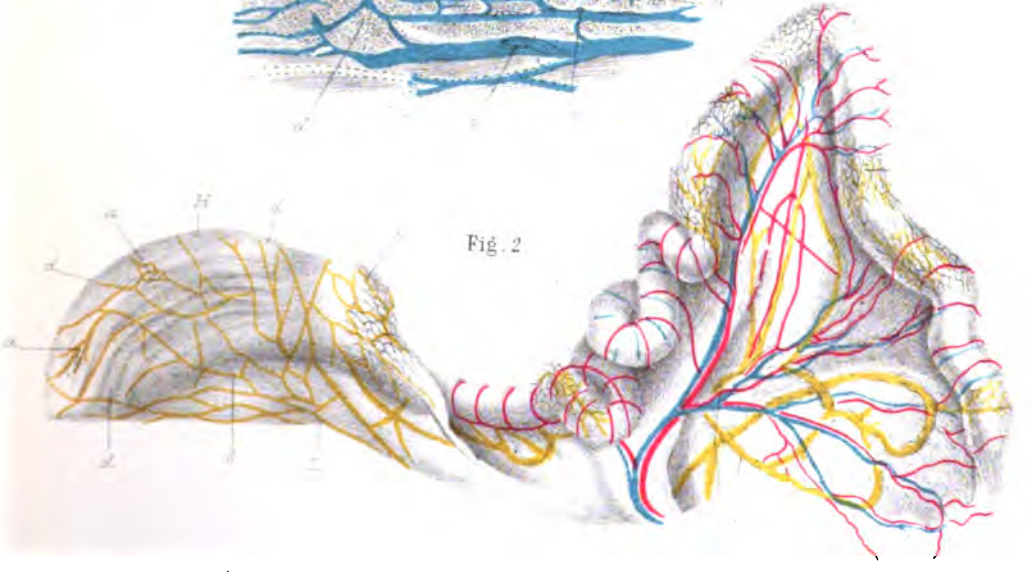


PLATE XV.

FIGURE I.

Mucous Membrane of the Body of the Uterus at the fourth month of Pregnancy.

(*After G. Leopold, op. cit.*)

The decidua has become more like a network of cavities than a mucous membrane with tubular glands. The tubular glands, as far as the under surface of the membrane, have changed into broad cavities, they are almost entirely denuded of epithelium with the exception of a thin basement membrane. The decidual membrane has become spongy in consistence. Thick masses of interstial tissue lie at irregular distances between the enlarged gland-spaces, and generally contain the larger arteries. The boundary between the mucous membrane and the muscular layer is sharply defined.

Mc. Mucous membrane.
Ms. Muscle.
D. Gland spaces.
B. Muscular fasciculus.
G. Vessels.

FIGURE II.

Placenta and Uterus at the middle of the fifth month of Pregnancy.

(*Partly diagrammatic after G. Leopold, op. cit.*)

A. Amnion.
C. Chorion.
R. Serotina reflexa.
Rs. Marginal sinus.
S. + *D.* Serotina with glandular layer.
T. Line of demarcation between the uterus and the ovum.
M. Muscle.
Z. Chorion villi.

FIGURE III.

Uterine Mucous Membrane 7 days after delivery. Transition of the Placental Site in the Mucous Membrane of the body of the Uterus.

(*After G. Leopold, op. cit.*)

Mc. Mucous membrane with gland-spaces.
Ms. Muscles with commencing thrombosis.

Fig. 1.

Fig. 2.

Fig. 3.

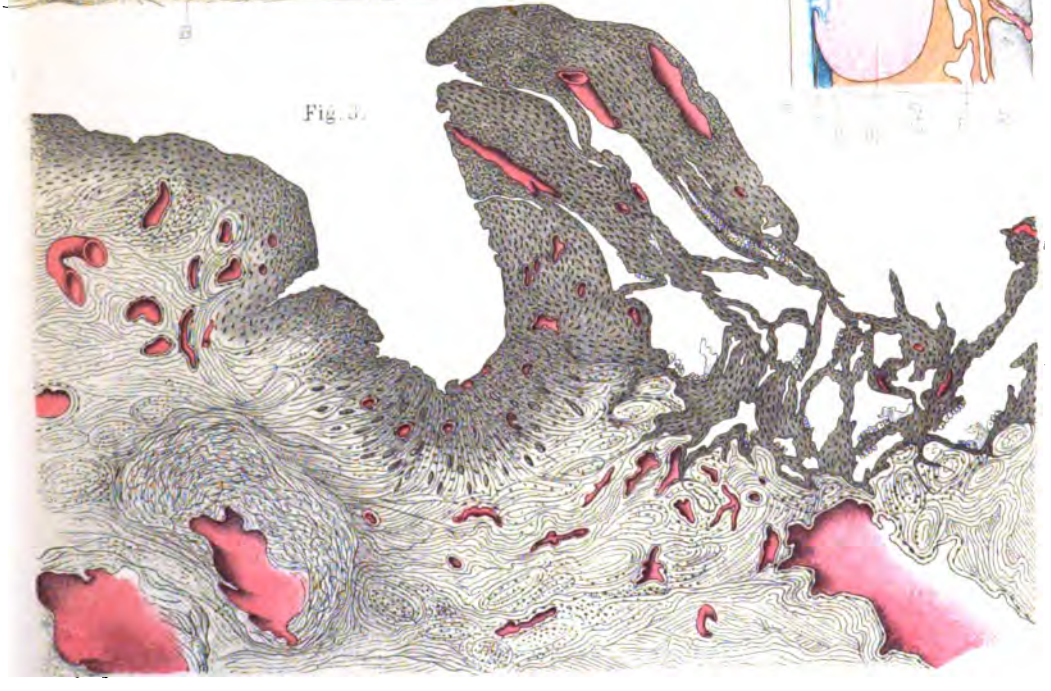


PLATE XVI.

FIGURE I.

Female Mammary Glands.

(After Jules Cloquet, Human Anatomy, &c., Obstetrical Demonstrations, Weimar, part xi. 1832*).*

a. Nipple.
b.b. Mucous follicles or the so-called glands of Montgomery.
c. Areola.

FIGURE II.

Side view of Female Breast.

(After J. Cloquet, op. cit.)

FIGURE III.

Lactiferous Ducts and Lobuli of the Milk Glands during Lactation.

(*After P. Dubois, Complete Treatise of the Art of Midwifery,* vol. i. *Paris,* 1849.)

a.a. Lactiferous ducts and their dilatations (the indicating line is not attached to one of the letters *a.*)
b.b. Anastomoses of the lactiferous ducts.
d.d.d. Connective tissue containing fat.

FIGURE IV.

Two Lactiferous Ducts during Lactation prepared and injected.

(*After J. Cloquet, Atlas of Anatomy, Paris*).

a.a.a.a. Lobuli of mammary glands.
b. Commencement of a lactiferous duct.
c. Sinus-like dilatation of a duct.
d. Section through the mamma.

FIGURE V.

Lobulus of Mammary Gland during Lactation (enlarged).

(*After P. Dubois, op. cit.*)

a.a.a.a. Single acini.
b. Lactiferous duct.

Fig. 1.

Fig. 2.

Fig. 5.

Fig. 4

Fig. 3

C. W. Schultze, Lith. Inst. Berlin

PLATE XVII.

FIGURE I.

Surface of the Uterine Mucosa changed by the development of the Deciduæ Vera and Reflexa.

(Life-size).

(After Reichert. Description of a premature human ovum in a state of vesicular development. Berlin, 1873).

The anterior wall of the uterus has been divided through the fundus from the left side and the left border separated and turned back. The raised surface of the decidua vera, triangular by the development of the cotyledons, in which the embryo lies encapsuled, stands plainly out on the posterior wall.

u. Body of the uterus.
u[1]. Fundus uteri.
u[2]. Margin of the uterus.
u.c. Cervix uteri.
v.g. Cut portion of the vagina.
o.v. Ovary.
t. Fallopian tubes.
t[1]. Infundibulum of the Fallopian tube with the fimbriæ.
l.r. Round ligament of the uterus.
u.p. Posterior wall of the uterus.
u.a. Anterior wall of the uterus.
u.c[1]. Os uteri.
u.b[2]. Plicæ palmatæ on the surface of the mucosa of the cervix uteri.
q[1]. Transverse folds of the mucous membrane of the vagina.
d.v. Decidua vera, chiefly that portion, not concerned in the development of the raised plateau, on each side of the body with an almost even triangular summit pointing towards the cervix uteri and passing into the marginal furrow. The dark points indicate the orifices of the utricular glands which can still be seen at this period. In the drawing at *d.r.* the indicating line to the margin of the raised plateau is wanting at the left side of the posterior cut surface.
d.v[1]. Right marginal furrow.
d.v.a. The raised plateau of decidua vera pointed and triangular, developed into cotyledons and papillæ. The cotyledons in the raised plateau of the anterior uterine wall have become unrecognisable through pressure.
i. Groups of cotyledons of the raised plateau of decidua.
i.[1] The island at the base of the raised plateau in the lower portion of which the embryo lies embedded. The decidua reflexa (embryonic capsule) can just be seen above the level of the raised plateau.
i.[2] Papilliform island jutting out at the apex of the raised plateau.
s.i. Furrows between the islands.

Fig. 1.

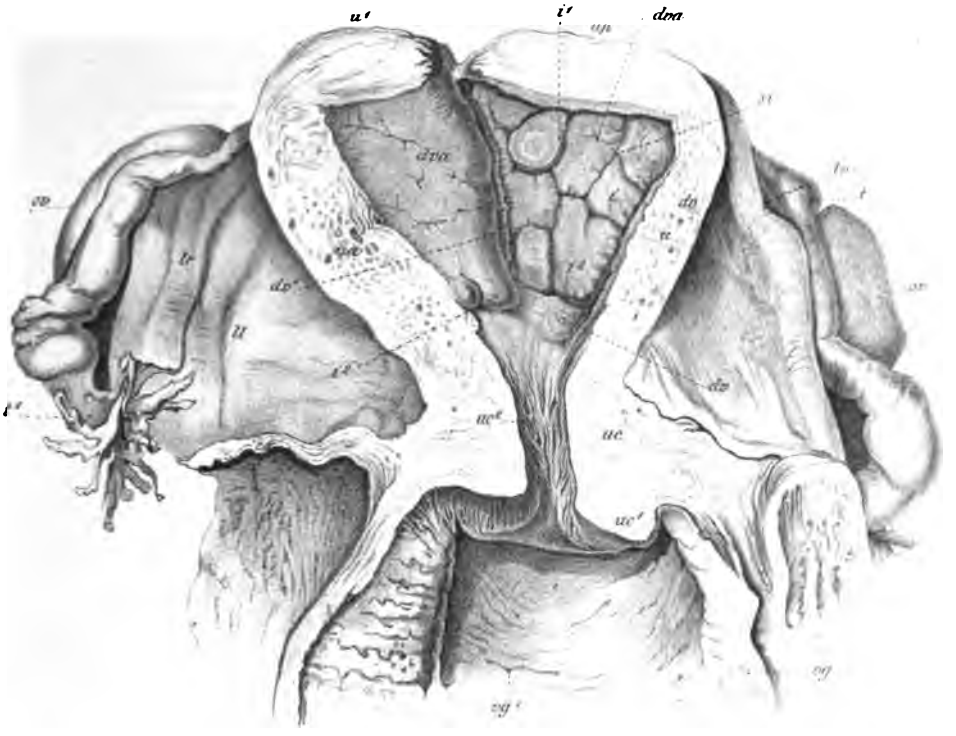


Fig. 2.

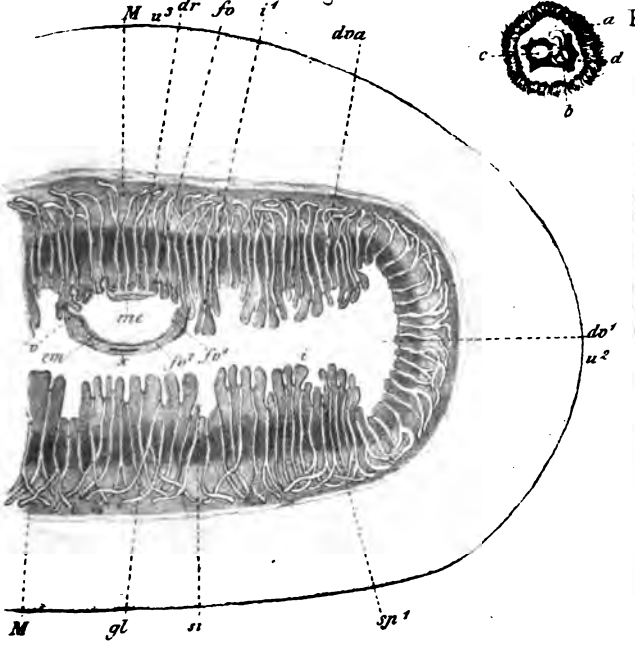


Fig. 3.

Fig. 4.

E. Martin's Handatlas. II Aufl. v. A. Martin.

Alb. Schütze Lith. Inst. Berlin.

PLATE XVII.—*(Continued)*.

FIGURE II.

Diagrammatic Transverse Section of a Pregnant Uterus, a few hours after the Embryo became encapsuled, which apparently took place on the 8th day after impregnation.

(*After Reichert, op. cit.*)

u.[3] *u.*[3] *i. i.*[3] *si. dva. dv. dv.*[1] *ua. up.* as above.

a.s.p.[3] Dendritic and netlike furrows running between the primary cotyledons.

f.v. Vesicular shaped embryo.

f.v.[1] Marginal zone of the embryo; villi partly in process of ramification.

f.v.[3] Free wall of the embryo.

M. Layer of mucous membrane of uterine wall, especially the portion not connected with the decidual structure which receives the blind endings of the mucous glands.

p.[1]*u.p.*[3] Primary and secondary papillæ in the cotyledons of the raised plateau of decidua vera.

d.r. Region of decidua reflexa with the basilar wall mostly free from villi.

x. Near the cicatricula of the ovum at its free wall, where the lips of the marginal zone grow together over the ovum.

e.m. Embryonic lemma (investing membrane).

m.e. Coste's embryonic macula.

FIGURE III.

An Ovum laid open at the 21st day.

(*After R. Wagner, Icones Physiologici. Leipzig*, 1839).

a. The chorion completely surrounded with villi.

b. Amnion.

c. The vesicular umbilicalis.

d. The embryo with the allantois.

FIGURE IV.

Ovum with Embryo from the 7th to the 8th week.

(*After R. Wagner, op. cit.*)

a.a. The deciduous membrane, and that part which adheres to the wall of the uterus (membrana decidua adnexa).

b.b. That portion of the decidual membrane which directly surrounds the ovum, the so-called membrana decidua reflexa.

c. The corium, chorion, dotted with villi.

d. The amnion opened.

e. The vesicula umbilicalis.

f. The embryo.

PLATE XVIII.

FIGURE I.

Section of Pregnant Uterus with Mucous Membrane developed into Decidua at the 6th week of Gestation.

(*After Coste. General and Special History of the Development, &c., of the Human Species*).

a.a. Muscular and vascular layer of the uterus.
b. Internal surface of the mucosa developed into decidua, which by the removal of the muscular layer allows the utricular glands to be plainly seen.

FIGURE II.

Section of Uterus and Placenta of a Woman who died in the 30th week of Gestation.

(*After Al. Ecker, Icones Physiologicæ. Leipzig*, 1851).

a. Root of umbilical cord, and its insertion into the placenta.
b. Amniotic layer of the funis.
c. Chorion.
d.d. Fœtal portion of the placenta.
e.e. Uterine wall.
f.f. Villous branches, forming the stroma of the placenta.
g.g. Decidual membrane.
h.h. Prolongations of decidua into the placenta.
i.i.i. Spiral- or corkscrew-shaped uterine arteries.
i.p. Artery, entering the placenta.
k.k.k.k. Extremely dilated uterine veins.

FIGURE III.

Injected Terminal Loop of Villus from a Mature Placenta.

(MAGNIFIED 350 TIMES).

(*After Ecker, op. cit.*)

a. Epithelial covering, which has been removed from the chief portion of the villus.
b. Prolongation of epithelial covering stretched through the vascular spaces of the placenta as continued into the denudations of the same.
c. Arterial branch.
d.d. Terminal loop returning as a vein.
e. Fine capillary network.

Fig. 2.

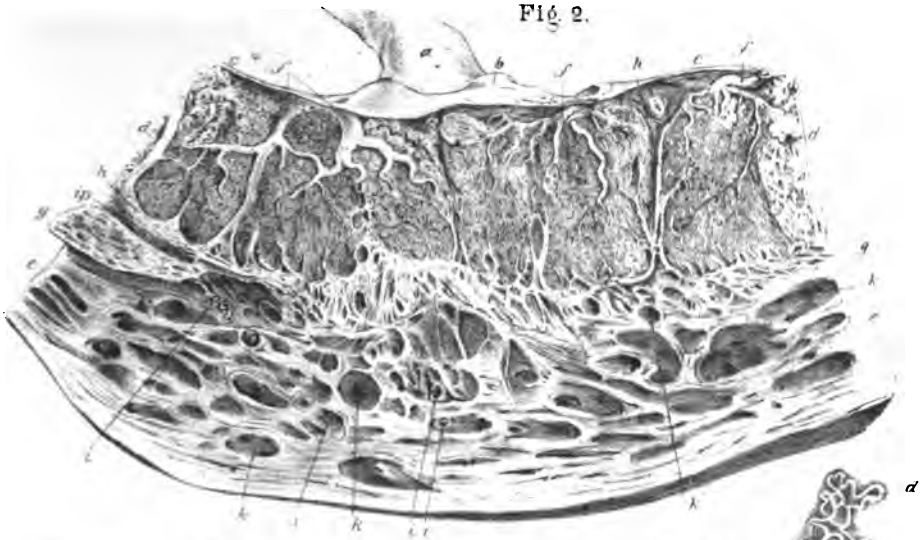
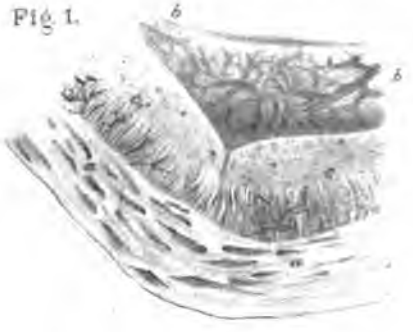


Fig. 1.



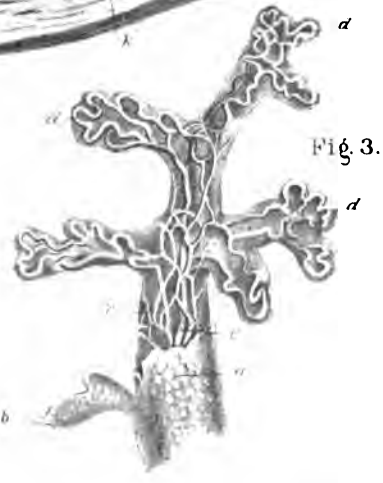


Fig. 3.

Fig. 4.

Fig. 5.

PLATE XVIII.—*(Continued).*

FIGURE IV.

Placenta from the Internal Surface.

(After W. Hunter).

a. **Funis** with its vascular branches to the internal surface of the placenta.
b. **Internal** surface of placenta covered with the amnion and chorion.
c.c. **Membrana** ovi raised up.
d. **Border** of placenta.

FIGURE V.

External Surface of Placenta.

a.a. Single lobules of placenta (cotyledons).
b. Funis.
c.c. Openings of the so-called marginal sinus of the placenta.
d. Marginal sinus opened.
e. External surface of chorion spotted with decidual remains.

PLATE XIX.

FIGURE I.

Pregnant Uterus at the commencement of the 5th month from behind.

(One-third Life-size).

(*After W. Hunter*).

a. Body of uterus widened into a spheroid.
b. Cervix, hanging to the uterus like a cone.
c. External os uteri, studded with small swollen mucous glands.
d.d.d. Vagina.

FIGURE II.

Fundus Uteri of a Pregnant Uterus at the 8th month.

(One-third Life-size).

(*After W. Hunter*).

a. Anterior smooth wall denuded of peritoneum.
b.b. Posterior wall arched prominently upwards, denuded of peritoneal covering, to shew the enlarged vessels, especially the veins.

FIGURE III.

Internal surface of Uterus far gone in Pregnancy after removal of the Mucosa developed into Decidua, to shew the muscular fibres of the internal surface and developed folds of the Arbor Vitæ.

(One-third Life-size).

(*After W. Hunter*).

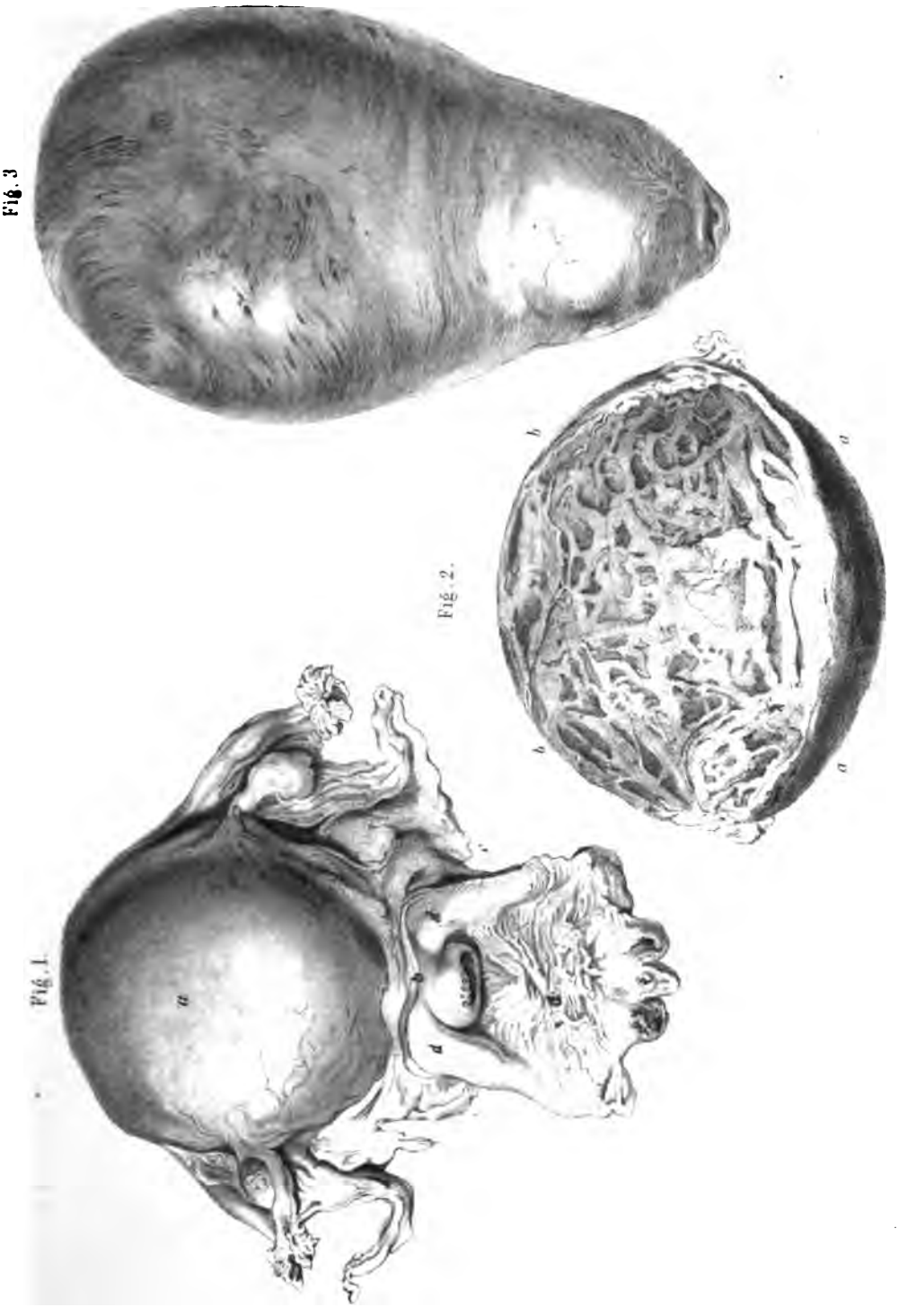


Fig. 3
Fig. 2.
Fig. 1.
a
b
c
d

PLATE XX.

Side view of Abdominal Cavity laid open after partial removal of the large Omentum in a Woman far advanced in pregnancy.

(One-third Life-size).

(*After W. Hunter*).

a. The uterus advanced in gestation.
b. The right round ligament.
c. The right Fallopian tube.
d. The fimbriæ of the right tube pushed forwards.
e. The ascending colon.
f.f.f. Coils of intestine.
g. Remains of large intestine.
h. Right lobe of the liver.
i. Left lobe of the liver.
k. Round ligament of the liver cut through.
l. The diaphragm covered with the pleura.

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PLATE XXI.

FIGURE I.

Human Embryo at the 9th week.

(LIFE-SIZE).

(After Sömmering, Kilian's Atlas of Obstetrics).

FIGURE II.

Human Embryo at the 3rd month.

(LIFE-SIZE).

FIGURE III.

Human Embryo at the 16th week.

(LIFE-SIZE).

FIGURE IV.

Human Ovum at the 5th month and a half.

(LIFE-SIZE).

Fig. 3.

Fig. 1.

Fig. 2.

Fig. 4.

PLATE XXII.

Human Embryo, Funis, and Placenta, with its Membranes, at the 6th lunar month of pregnancy.

(LIFE-SIZE).

(After Sömmering, accompanying Kilian's Atlas).

a. Internal surface of the placenta.
b. External surface of the placenta.
c. Macerated villi of the placenta.
d.e. Amnion in folds.
f. Funis.

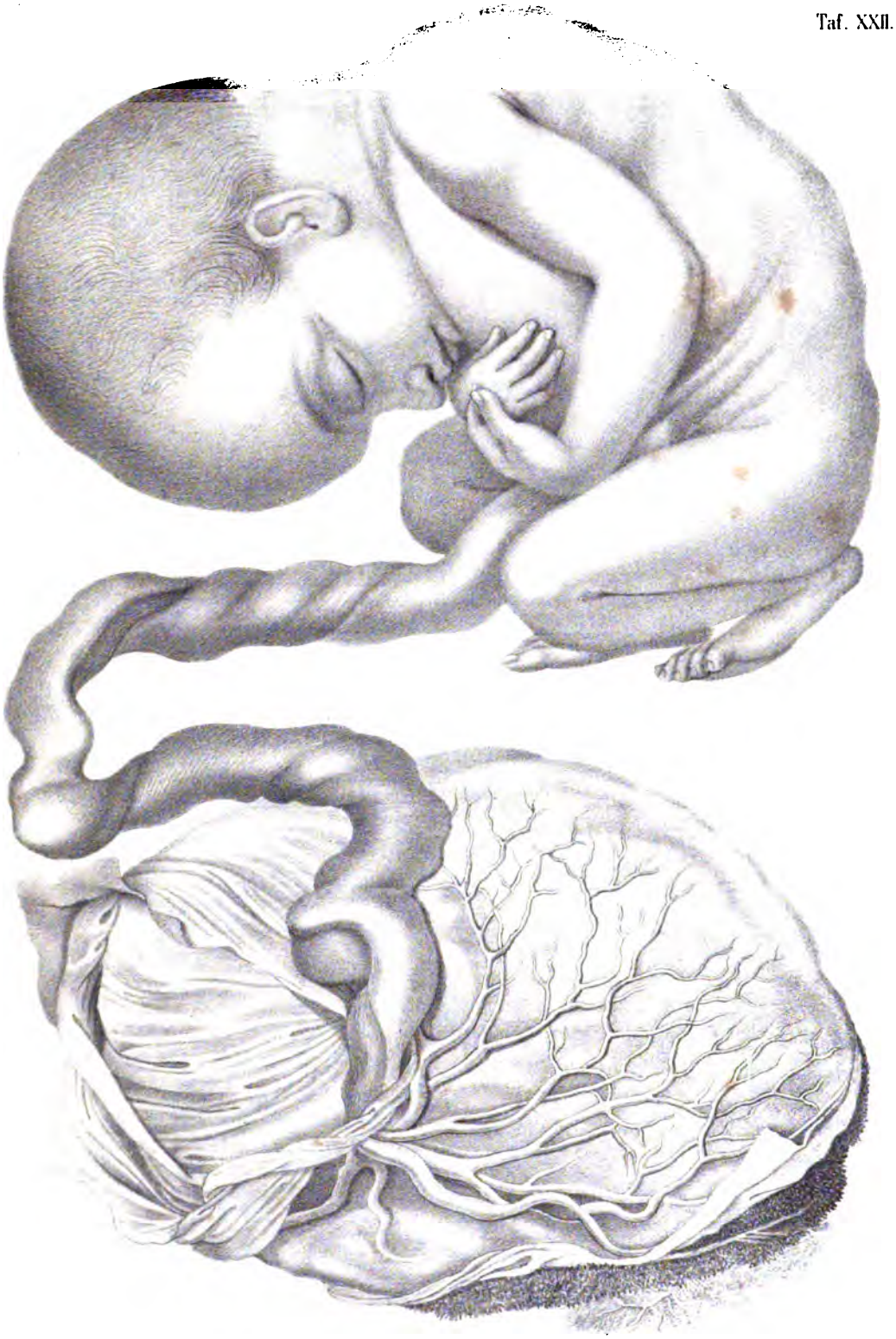


PLATE XXIII.

FIGURE I.

Internal Organs of an Embryo before birth.

(After Moreau. Atlas).

a. Funis.
b. Umbilical arteries.
c. Urinary bladder with urachus.
d. Umbilical vein.
e. Junction of the umbilical vein with the portal vein.
f. Liver, raised up.
g. Ductus venosus Arantii.

FIGURE II.

Fœtal circulation.

(After Hasse, by H. Strasser. Spiegelberg System of Midwifery, 1877).

The vessels drawn white contain arterial blood, those shaded mixed blood, and those dark contain venous blood.

A. Placenta.
B. Inferior circulatory system.
C. Intestinal circulation.
D. Portal circulation.
E.E. Pulmonary circulation.
F. Superior circulatory system.
D.A. Ductus venosus Arantii.
v.u. Umbilical vein.
l. Superior portal vein.
l'. Inferior portal vein.
p. Vena portæ.
c.i. Vena cava inferior.
c.s. Vena cava superior.
a.d. Right auricle.
a.s. Left auricle.
V.d. Right ventricle.
V.s. Left ventricle.
a.p. Pulmonary artery.
V.p. Pulmonary vein.
A.h. Hepatic artery.
a.u. Umbilical artery.
a. Aorta.
D.B. Ductus arteriosus. (Botalli).

FIGURE III.

Side view of Cranium of a newly-born child.

a.a. Antero-posterior diameter.
b.b. Perpendicular diameter.
c.a. Oblique or diagonal diameter.

FIGURE IV.

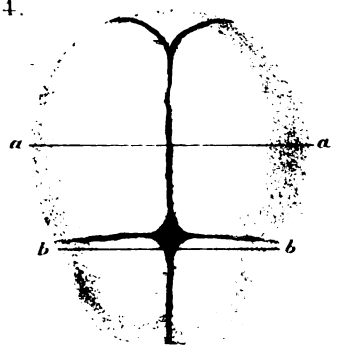
Cranium of a newly-born child, seen from above.

a.a. Posterior transverse diameter.
b.b. Anterior transverse diameter.

Fig. 6.

Fig. 5.

Fig. 4.



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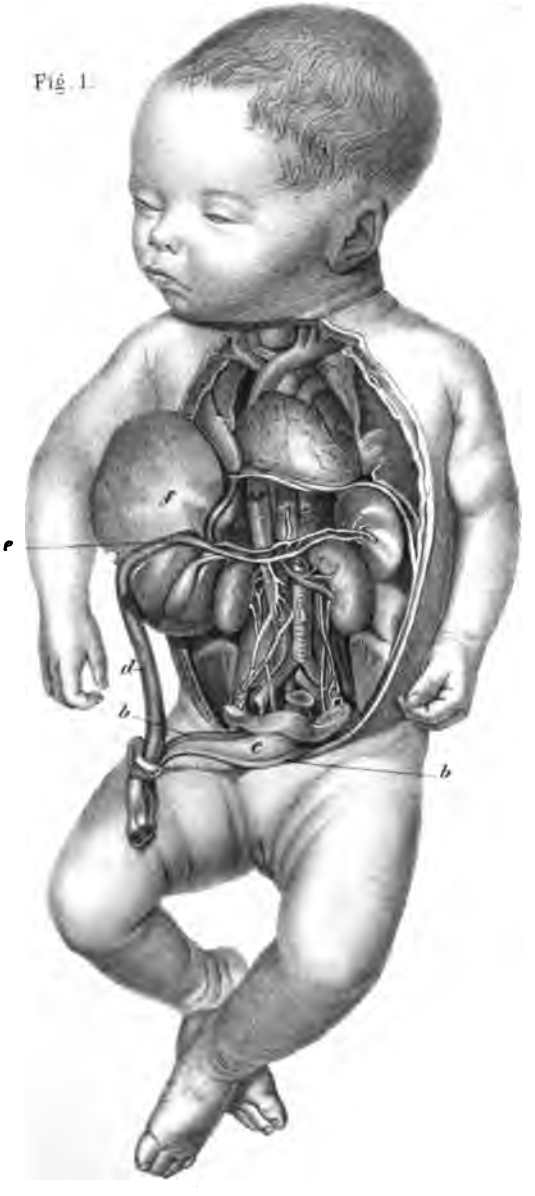
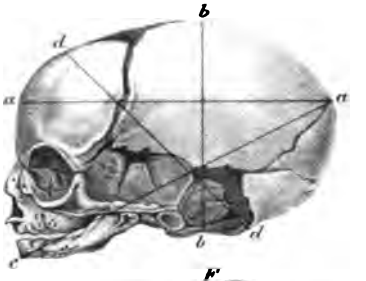


Fig. 3



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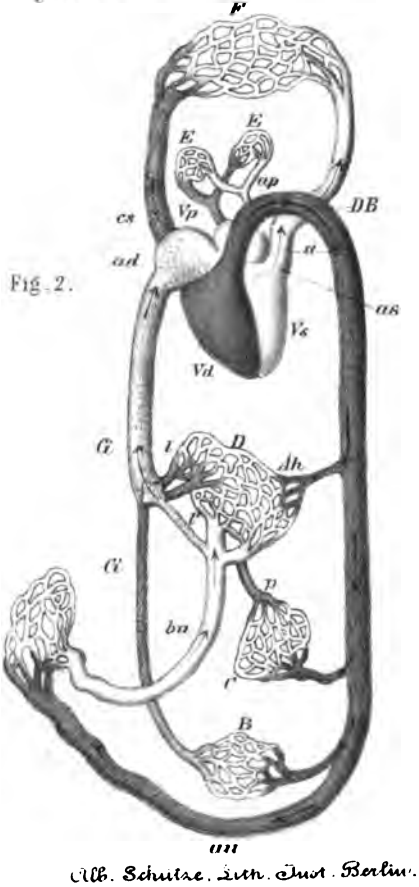

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PLATE XXIII.—(*Continued*).

FIGURE V.

Meconium seen under the microscope.

(After C. Ruge).

This drawing coloured by C. Ruge could not, for technical reasons, be reproduced in the same way.

A wooly hair (lanugo) lies across between the crystals of cholestearin, fatty epithelial scales, fat globules, mucous globules and detritus, which are coloured greenish-yellow.

FIGURE VI.

Vernix Caseosa under the microscope.

(After C. Ruge).

Wooly hair (lanugo) epithelial scales in fatty degeneration, fat globules.

PLATE XXIV.

Section of a normally formed Pregnant Woman about 25 years old, after death from hanging.

(W. Braune, Atlas of Topographical Anatomy, 1868. Plate II. A.B.)

C.U. Body of the uterus containing ovum at the end of 8th week.
O.u.i. Internal os uteri.
C.u. Cervix uteri.
V. Bladder.
cl. Clitoris.
R. Rectum.
V. Entrance to the vagina.
c.t. Transverse colon.
F.i. Iliac flexure.
A. Aorta.
V.i. Right common iliac vein.

The pelvis well developed and broad, with a conjugate diameter of 120 millimeters. The pelvic inclination is 58°, less than that of the male which is 60°. The characteristic of the female vertebral column is the diminished prominence of the promontory compared with that in the male, as well as the marked depth and declivity of the pulvic symphysis.

The position of the intestines normal: there are none between the rectum and uterus nor between the latter and the bladder. The position of the os uteri low down in the pelvis, as well as the mucous plug emerging from it, correspond with the early period of the pregnancy.

The decidua vera, is plainly seen inside the muscular layer of the uterus, consisting of mucous glands, connective tissue and vessels. The gland tubes present punctiform openings on the internal surface and can be seen with the naked eye. From above from the anterior wall of the uterus the decidua is markedly thin but continuous with the internal surface of the uterus, until it gradually increases in thickness towards the posterior wall and becomes fully developed in the neighbourhood of the internal os uteri. At the superior thinnest point, corresponding with the middle of the fundus uteri, a fold is formed, the decidua reflexa, which extends downwards as a small membranous envelope of the ovum as far as the triangular extravasation of blood, which is drawn shaded. In the above membrane which forms the external membrane of the ovum and is composed of chorion læve and decidua reflexa, only epithelial remains, connective tissue and rudimentary villi are to be found. An undulating delicate boundary line runs up backwards and forwards from the site of the extravasation and divides the chorion frondosum from the decidua vera. The chorion portion, plainly distinguished by the drawing and colouring, only contains villi and vessels, and indicates the future site of placental formation.

To the peritoneum which stretches farther down over the uterus behind than in front, is attached a thin layer of fascia with undulating cell-tissue, which allows the separation of the rectum and vagina to take place during the dilatation of this organ. A similar condition obtains between the bladder and cervix uteri, so that the bladder may be capable of considerable distension.

The more minute relations of the ovum, which correspond with the eighth week are not recapitulated at Plate XXIV.

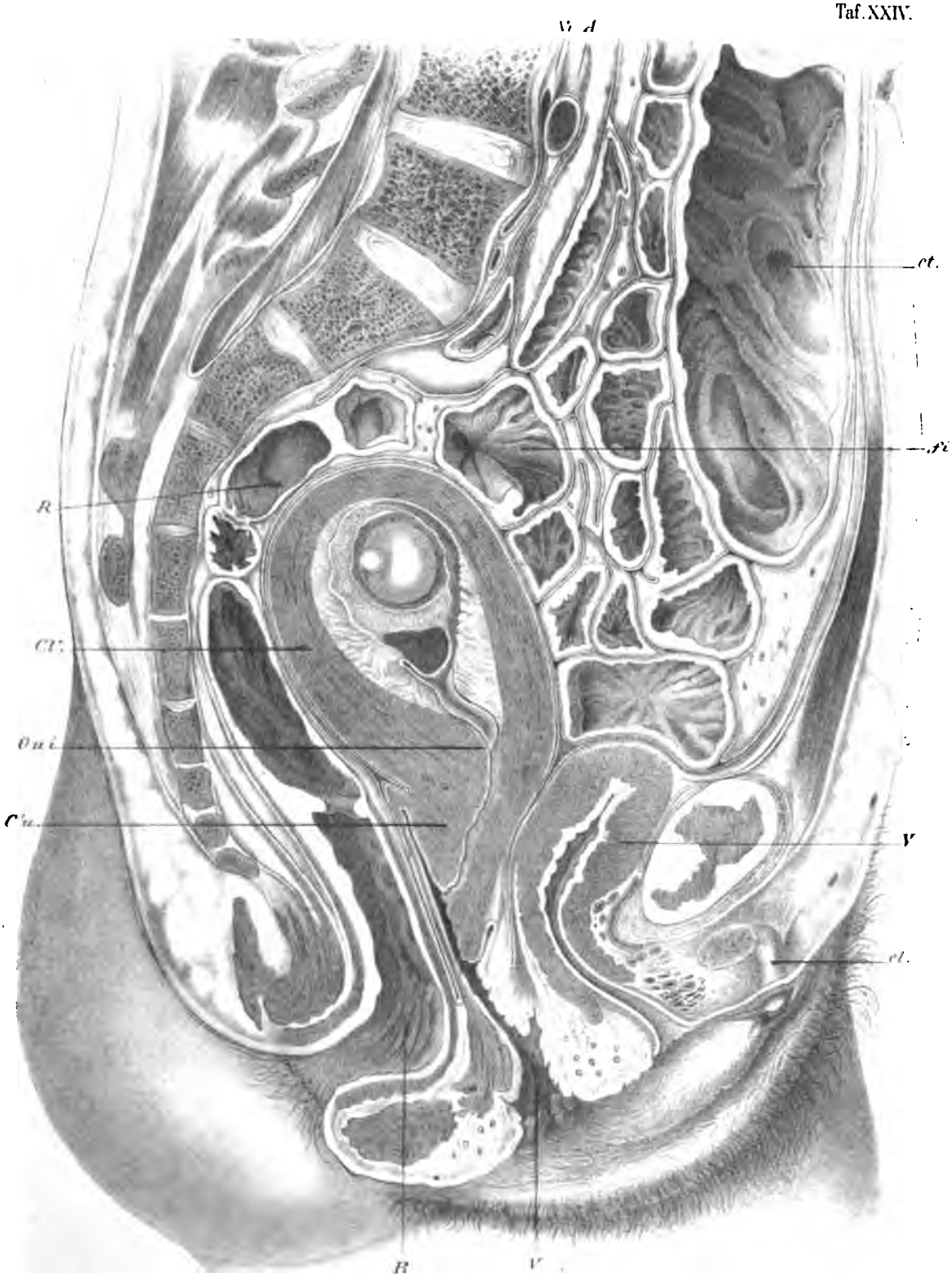

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PLATE XXV.

FIGURE I.

Uterus with Fœtus in first head presentation.

(After W. Hunter and H. Fr. Kilian).

FIGURE II.

Uterus with Fœtus in first breech presentation.

(After W. Hunter).

Fig. 1

Fig. 2.

PLATE XXVI.

FIGURE I.

Section of the Frozen Body of a Woman in labour during the period of expulsion.

(After Braune).

F. Bag of waters.
u. Urethra.
r. Rectum.
o.e.o.e. External os uteri.
H. Bladder.
o.i.o.i. Internal os uteri.
v.i.s. Left iliac vein.
Pl. Placenta.
d. Duodenum.
a. Aorta.
Pa. Pancreas.
v.p. Vena portæ.
M. Stomach.
L. Liver.

FIGURE II.

Section through the parturient canal after removal of the child.

(After Braune, op. cit.)

V. Vagina.
o.e.o.e. External os uteri.
C. Cervix.
o.i.o.i. Internal os uteri.
o.t. Opening of Fallopian tube.
Pl. Placenta.

FIGURE III.

The engagement of the Head.

(Diagrammatic after Schröder. Text-book of Midwifery. 5th edit. p. 162).

f. Frenulum.
u. Urethra.
a. Anus.
H. Bladder.
2*K.* Second sacral vertebra.
r. Rectum.

FIGURE IV.

Commencing Expulsion of the Head.

(Diagrammatic after Schröder, p. 163).

F. Frenulum.
u. Urethra.
a. Anus.
2*K.* Second sacral vertebra.
H. Bladder.
r. Rectum.

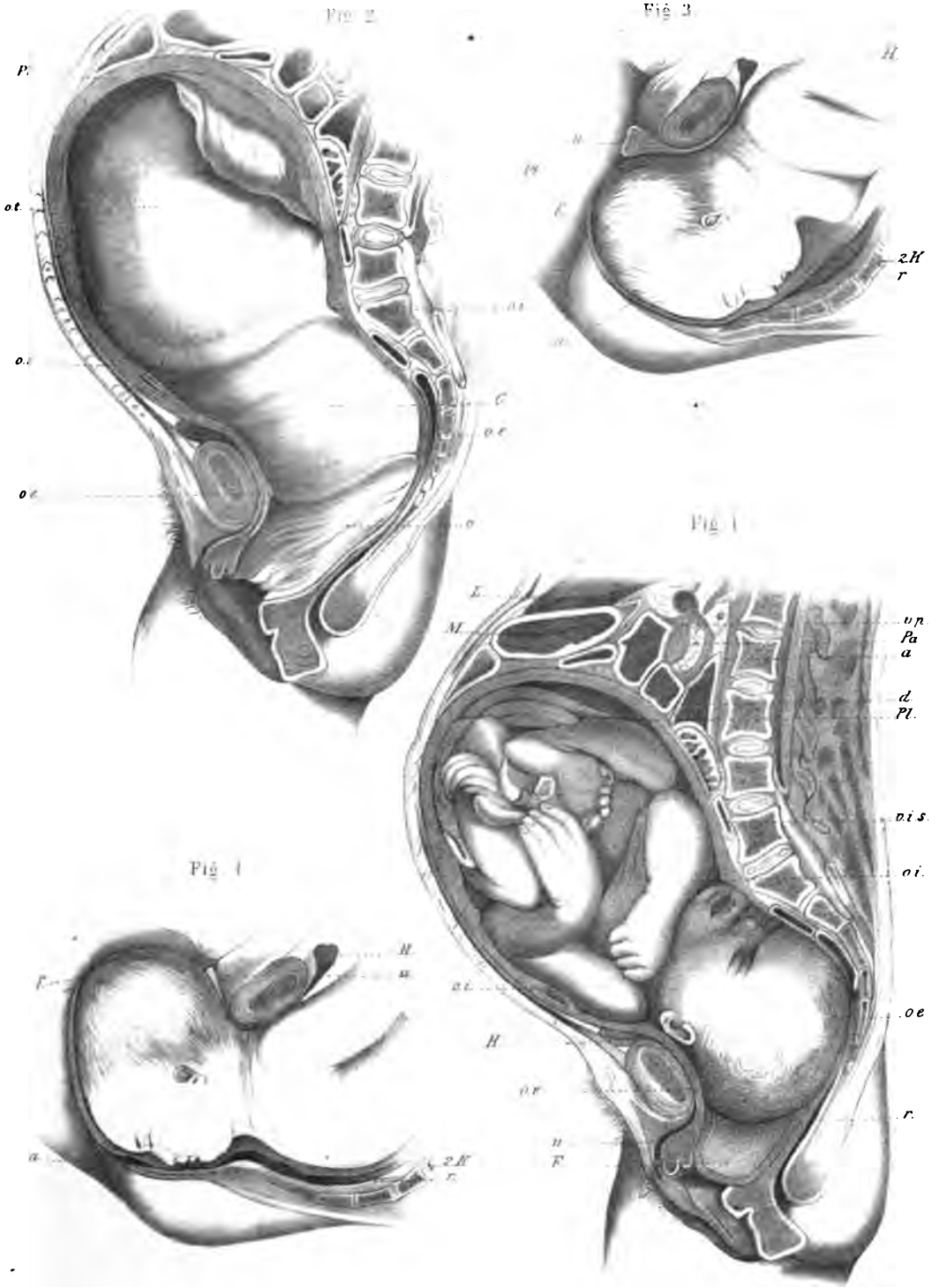

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PLATE XXVII.

FIGURE I.

The engagement of the Face descending first.

(*After Schröder. Text book of Midwifery*, 5th edit. p. 178).

u. Urethra. (The indicating line has been drawn to the pubes instead of to the underlying urethra).
2*S.* Second sacral vertebra.
f. Frenulum.
a. Anus.

FIGURE II.

Cranium of Occipital presentation.

(After Hecker).

FIGURE III.

Cranium of Face presentation.

(After Hecker).

FIGURE IV.

Cranium of breech presentation.

(After Hecker).

FIGURE V.

Lateral Curve of the Trunk during labour in breech presentation.

(*After Hodge in Spiegelberg, op. cit.* s. 174).

Fig. 4

Fig. 3

Fig. 5

Fig. 2

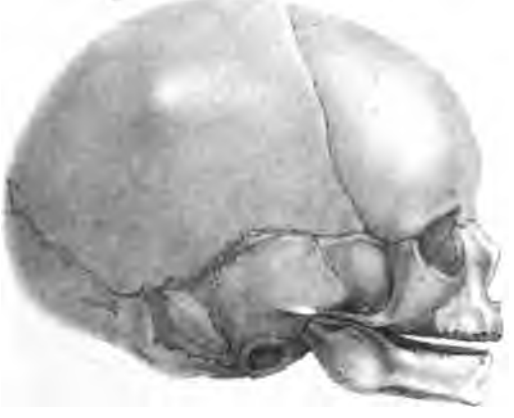

Fig. 1

PLATE XXVIII.

FIGURE I.

Occipital presentation.

(After Olshausen. On the supplementary diagnosis of the course of labour by means of the moulding of the skull of the new-born child. Series of Clinical Lectures, No. 8).

FIGURE II.

Face presentation.

FIGURE III.

Brow presentation.

FIGURE IV.

Antero-frontal presentation.

Fig. 3.

Fig. 2.

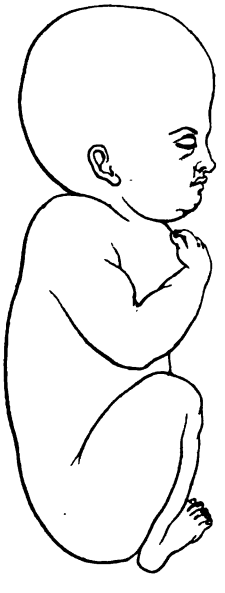

Fig. 4.

Fig. 1.

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PLATE XXIX.

FIGURE I.

Uterus with Twins in Cranial and Breech presentation. (Two Ova).

(*After Smellie*).

FIGURE II.

One Placenta with Twins.

(*After C. Chr. Hüter. The Simple Placenta, Marburg*, 1842).

a.a. Anastomising vessels of the two embryos on the internal surface of the placenta.
b.b. Junction of the two amnions with each other.

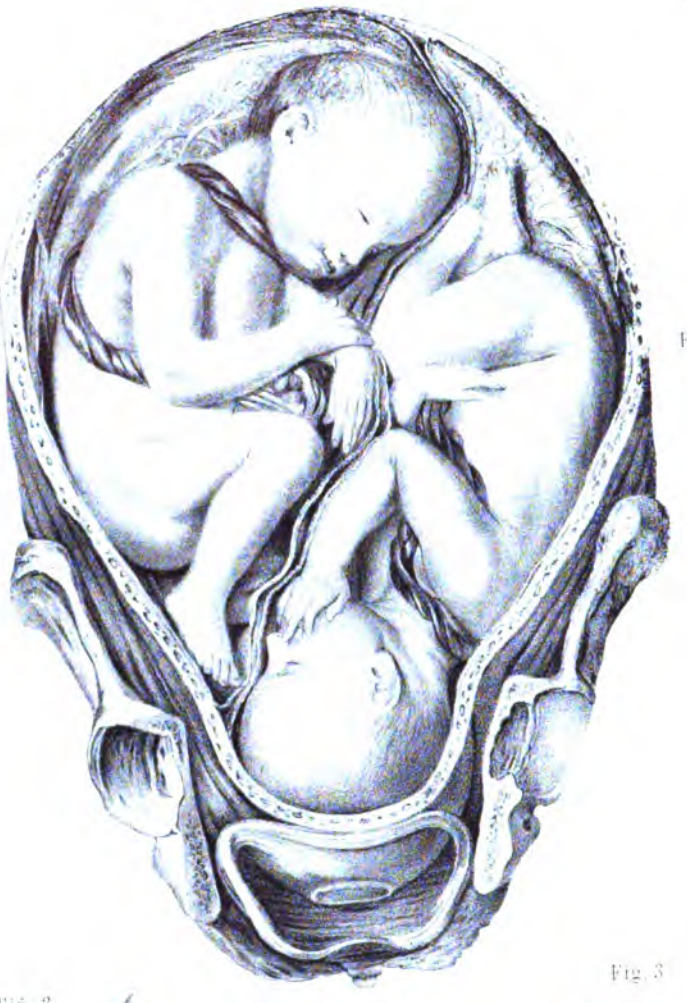
FIGURE III.

Triplet afterbirth with two Embryos arrested in development.

(*After v. D' Outrepont. Obstetric Demonstrations*).

a. Placenta which belonged to fully matured fœtus.
b.b. Prematurely dead embryos and their placenta.

Taf. XXIX.



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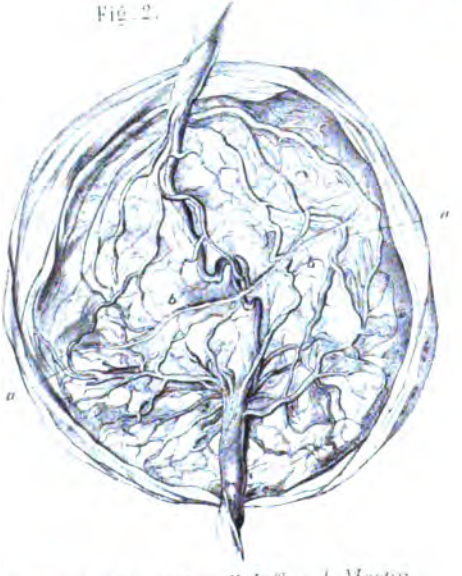

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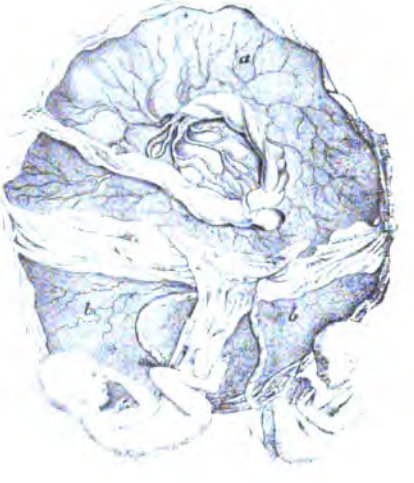

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PLATE XXX.

FIGURE I.

Inflammation of the Mucous and Sebaceous Glands of the Vulva.

(*After P. C. Huguier. Memoir on the Diseases of the Secretory Apparatus of the External Genital Organs of Woman; in the Memoirs of the National Academy of Medicine*, vol. xv. *Paris*, 1850, 4, plate 1).

FIGURE II.

Abscess of the right Bartholini's Gland. (Vulvo-vaginal Gland).

(*After Huguier, op. cit.*)

FIGURE III.

Cyst formed by the Dilatation of the Occluded Duct of the left Bartholini's Gland.

(*After Huguier, op. cit.*)

A. Cystic tumour.

B. Introitus vaginæ. (The line is continued beyond the orifice).

C. A protuberance formed by the left border of the vaginal orifice.

Fig. 3

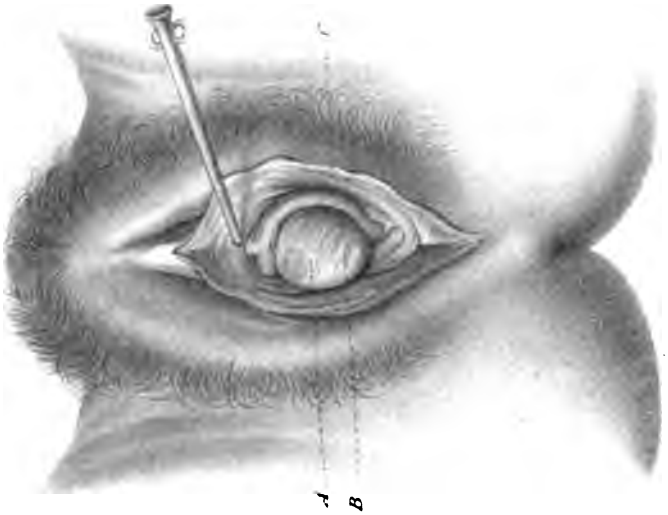


Fig. 2.

Fig. 1.

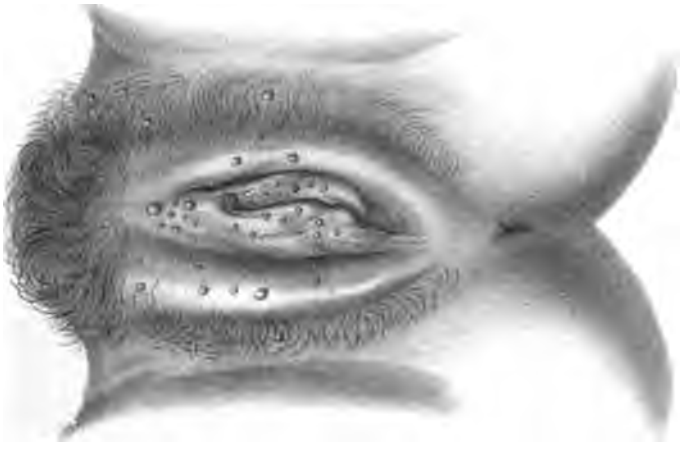


PLATE XXXI.

FIGURE I.

Morbid enlargement of the Clitoris.

(*After D. W. H. Busch. Atlas of Drawings of Theoretical and Practical Midwifery*, 1838).

FIGURE Ia.

Follicular Polypus of the Cervix, which has become extruded from the Vagina by gradual elongation of the Stalk.

(*After original observation and Boivin and Dugès*, plate xvii).

This figure is among a number of impressions without special reference to them.

FIGURE II.

Lupus of the Labia, the Vaginal Orifice and Anus.

(*After Huguier, op. cit.* plate 3, fig. ii.)

A. Hypertrophied left labium majus.
B. Left labium minus destroyed at the base.
C. Cicatrised point of arrest of ulceration.
D. Meatus urinarius.
E. Opposite ulcerating point in frænum labii.
F.F.F. Seat of ulceration with separation of the posterior and left lateral wall of the vagina.
G. Internal margin of the ulcer.
H. Entrance of vagina. (The indicating line has fallen out of the type, its indicating end should lie over *G*).
I. Extension of the ulceration to the point of union of the right large and small labia.
J.J.J. Growth on perinæum and anus.
K. Swelling of left inguinal glands.

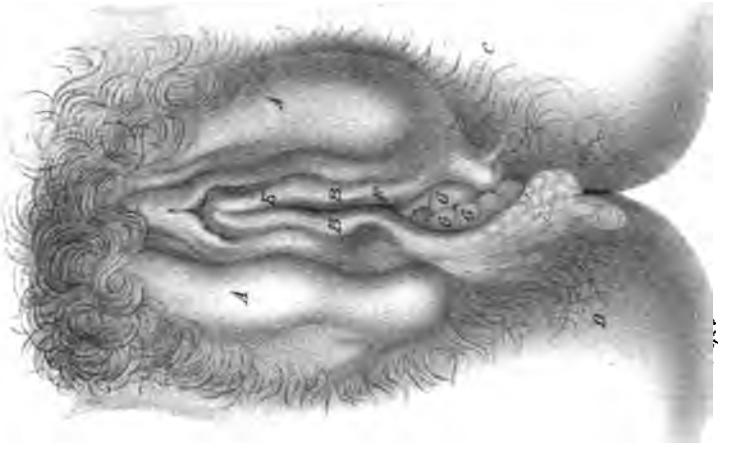
FIGURE III.

Lupus of the Vulva.

(*Perforating and Hypertrophic Ulcer after Huguier. Memoir on Rodent Ulcer of the Vulvo-anal Region. National Academy of Music.* Vol. xiv. *Paris*, 1849, plate 2, fig. i.)

A.A. Enlarged and infiltrated labia majora.
B.B. Degenerated labia minora.
C. Puckered portion from previous ulceration.
D. Growth of perinæal raphe and folds of anus.
E.F. Opposite the meatus urinarius and vestibulum.
G.G.G. Growths at orifice of vagina.

Fig. 3



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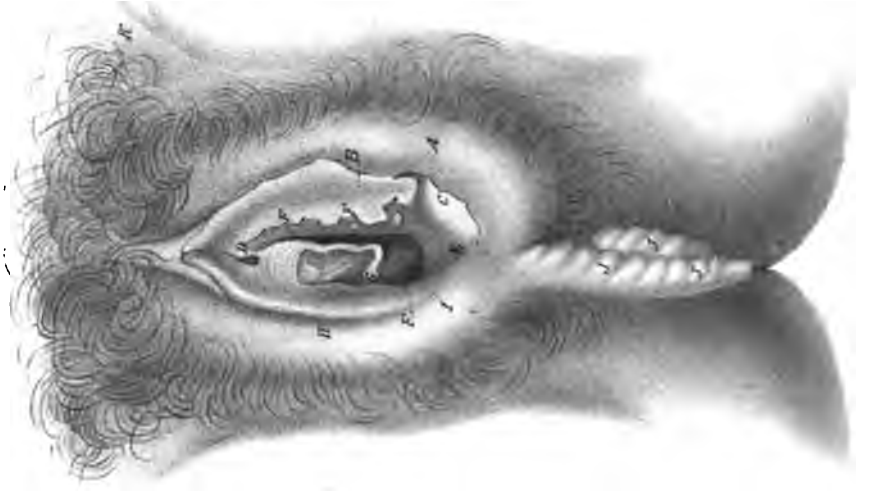

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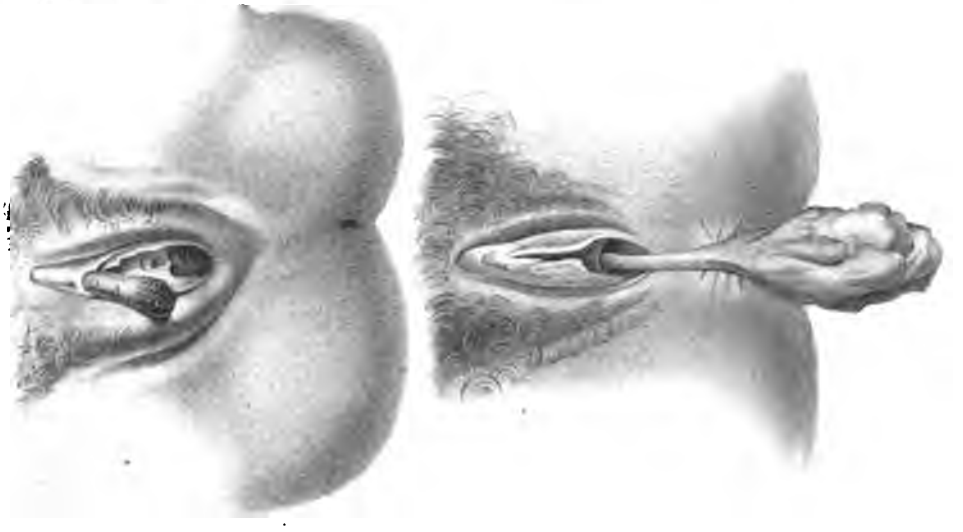

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PLATE XXXII.

FIGURE I.

Lupus of the Vulva.

(*From an Original Drawing*).

(HALF LIFE-SIZE).

(*By the kindness of Dr. Lorent, Director of the General Hospital of Bremen*).

The history and description of the case are in the "Monatschrift für Geburtskunde und Frauenkrankheiten," edited by Credé, Martin, von Ritzen, von Siebold, band xiii.

FIGURE II.

Broad Condylomata of the Labia in a Pregnant Woman, removed in two sittings by Huguier without causing abortion.

(ONE-THIRD LIFE-SIZE).

(*After H. Lebert. Treatise of Pathological Anatomy, Paris,* 1859).

The growths on the prepuce of the clitoris are easily distinguished from those on the large labia. The growths round the anus are continuous with those of the vulva, so that the entrance of the vulva is surrounded by them.

FIGURE III.

Urethral Excrescence.

(HALF LIFE-SIZE).

(*After Boivin and Dugès*).

A spongy growth projects from the meatus and displaces the orifice from the right.

Fig. 1.

Fig. 3.

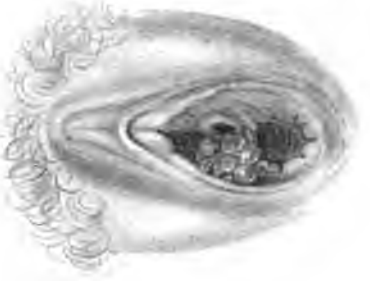


Fig. 2.

PLATE XXXIII.

FIGURE I.

Malformation and Occlusion of the External Female Genitals in a new-born child.

(*After Aug. Fr. Günther. Commentaries on Hermaphroditism, Lips.* 1846).

a. Penis-like clitoris with prepuce and opening, which, however, does not lead into the bladder.
b.b. Swelling resembling the labia.
c. Body of uterus (cervix uteri?).
d.d. Globular enlargement of the Fallopian tubes. (Divided body of uterus?).
e.e. Fallopian tubes with fimbriated extremities.
f.f. Ovaries.

FIGURE II.

Malformation of the Female Genitals by growing together of the Labia Minora and unusual size of the Clitoris. The Internal Organs of Generation were normal.

(*After Guil. H. M. Becker. Dissertation on Hermaphroditism, Jena,* 1842).

a.a. The large abnormally developed labia joining together underneath.
b.b. The labia minora grown together in their lower half.
c. The clitoris measuring 2, 3 centimeters in length with a semi-canal underneath leading to the meatus urinarius.
d. The hypertrophied prepuce of the glans clitoridis.

FIGURE III.

Occlusion of the Vaginal Orifice by Malformation of the Bands of the Labia.

(*After D. W. H. Busch, Atlas*).

FIGURE IV.

Coalescence of the External Genital parts as far as the Meatus Urinarius in an old woman, who had suffered from an intolerable Pruritus but had not borne children.

(*After Boivin and Dugès. Practical Treatise of Diseases of the Uterus, Paris,* 1833. *Atlas,* plate 40).

FIGURE V.

Hypertrophic Degeneration or Elephantiasis of the Labia Minora and Prepuce of Clitoris.

(*After H. Herzog, on the Hypertrophies of the External Female Genital Organs, Erlangen,* 1842).

Fig. 1.

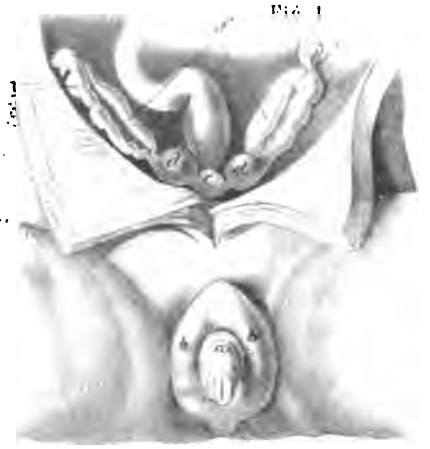


Fig. 2.

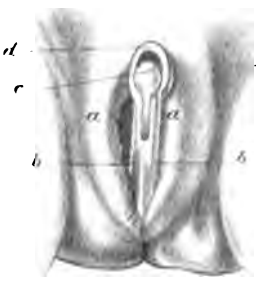


Fig. 3.

Fig. 4

Fig. 5.

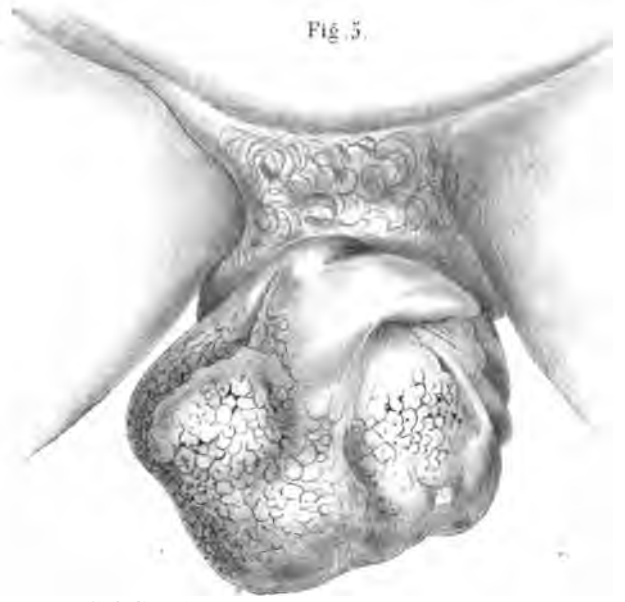


PLATE XXXIV.

FIGURE I.

Occlusion of the Vaginal Orifice (Atresia hymenea) with displacement forwards of the Anal opening in a girl aged 4 years.

(HALF LIFE-SIZE).

(*After Gust. Aug. Lotze. Dissertatio in sistens singularem ani præter naturam collocati et atresiæ vaginæ. Jenæ*, 1827, 4c. tab.)

a. Clitoris.
b. Urinary meatus.
c.c. Large labia.
d.d. Small labia.
e. Occluded vaginal orifice.
f. Anal aperture.

FIGURE II.

Narrowing of the Vagina in a woman in labour by an Ovarian Tumour.

(*After S. Merriman. A Synopsis of the various kinds of Difficult Parturition with plates, London*, 1821).

a. The symphysis divided.
b. The sacrum.
c.c. The urethra and bladder.
d. The ovarian tumour.
e.e. The rectum.
f.f. The vaginal wall.

FIGURE III.

Acquired Partial Occlusion of the Vagina.

(*After Aug. Ae. Janson. Diss. in de atresia vaginæ acquisita, c. tab. Francof. a.M.* 1845-8).

a.a.a. The uterus cut off.
b. The right Fallopian tube cut off.
c.c. The broad ligaments.
d.d.d.d. Exudation membranes.
e.e. Upper portion of vagina dilated into a pouch.
f.f. Lower portion of vagina with rugæ.
g.g. Sound with cross-bar to expand the upper part of the vaginal pouch.
h.h. Sound to expand the lower portion of the vagina.
i. Neck of the bladder.
k.k. External genitals.

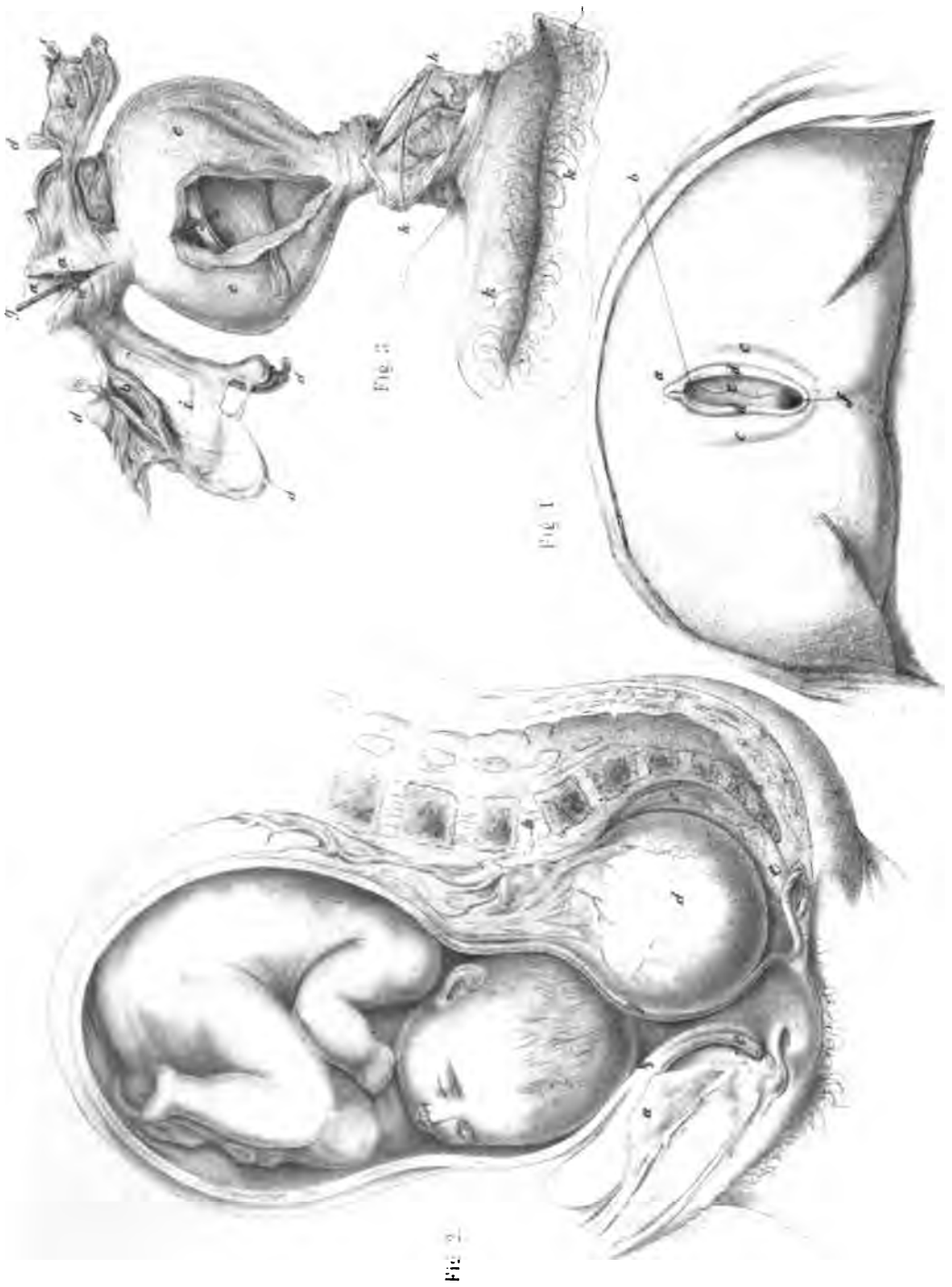


Fig. 3

Fig. 1

Fig. 2

PLATE XXXV.

FIGURE I.

Prolapse of the Posterior Vaginal Wall. (Enterocele Vaginalis).

(*After R. Froreip, Surgery. Copperplates, Heft.* 86, 1841, *Taf.* 435).

a. Vaginal orifice.
b. Section through the symphysis.
c. Bladder.
d. Vagina.
e. Uterus.
f. Entrance to the vaginal enterocele.
g.g. Rectum.
h. Sacrum.

FIGURE II.

Prolapse of the Posterior Vaginal Wall. (Vaginal Enterocele).

(*After Froreip, op. cit.*)

a. Section through symphysis.
b. Bladder.
c. Divided vagina.
d. Section through the prolapsed posterior vaginal wall. (Hernia vaginalis postica).
e. Divided uterus.
f. Entrance to the Hernia rectalis.
g. Section through the rectum.
h. Sacrum.

FIGURE III.

Vesico-vaginal Hernia. (Cystocele Vaginalis).

(*After Froreip, op. cit.*)

a. Divided symphysis.
b. Vesico-vaginal hernia.
c. Section through vagina.
d. Uterus.
e. Stretching of peritoneal folds between uterus and rectum.
f. Rectum.

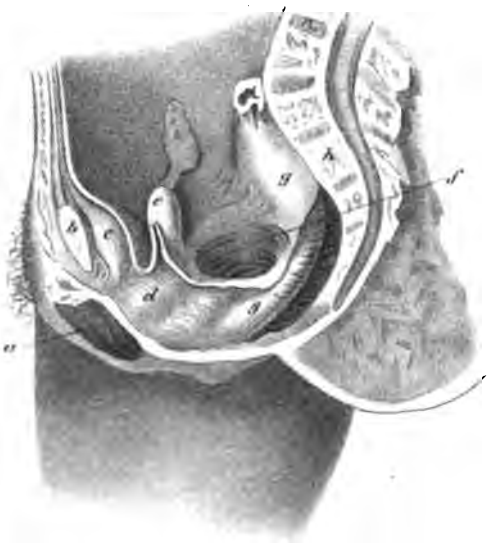
FIGURE IV.

Recto-vaginal Hernia. (Rectocele vaginalis).

(*After Froreip, op. cit.*)

a. Divided symphysis.
b. Section through vagina.
c. Uterus.
d. Recto-vaginal hernia with prolapse of the posterior vaginal wall.
e. Perinæum diminished by the pressure of the rectocele.
f. Rectum.
g. Stretching of the utero-rectal folds.

Fig. 1



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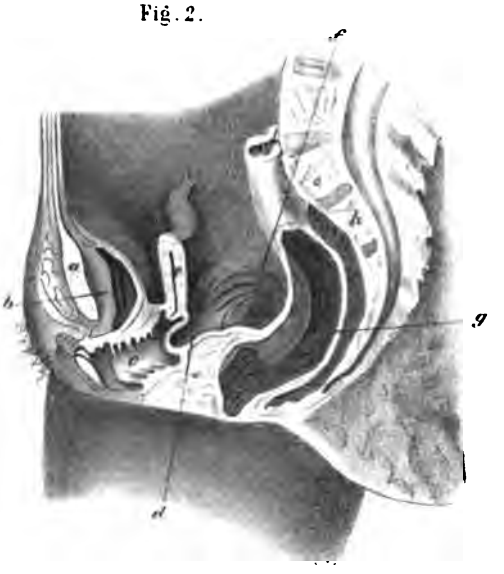


Fig. 3

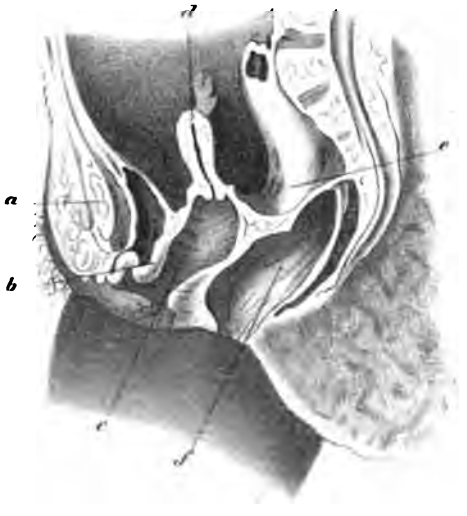


Fig. 4.

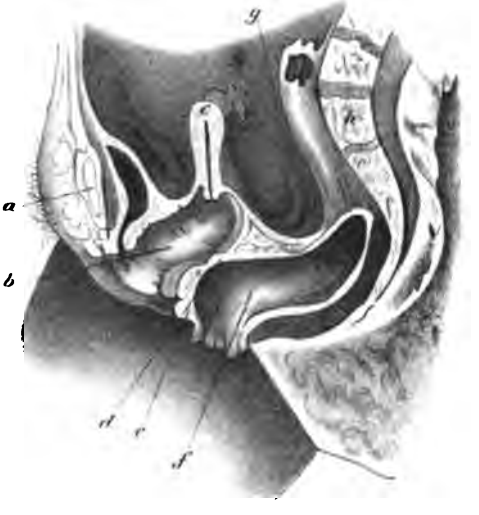


PLATE XXXVI.

FIGURE I.

Vagina and Uterus divided by a Septum.

(*After Eisenmann. Tab. anat. uteri duplicis, observ., rarior sistentes. Argentor*, 1752).

a.a. Double orifice of vagina.
b. Meatus urinarius.
c. Urethra.
d.d. Double vagina.
e.e. Double os uteri.
f.f. Double cervix uteri.
g.g. Double body of uterus.
h.h. Round ligaments.
i.i. Fallopian tubes.
k.k. Ovaries.

FIGURE II.

Two-horned Uterus and divided Vagina in a virgin aged 17.

(*After Fr. Schröder. Diss. de uteri ac vaginæ sic dictis duplicitatibus. Berol.* 1841).

a.a. The vagina cut away.
b. The os uteri of left side.
c. The external surface of the cervix apparently divided by one septum. (The letter *c* stands instead of *c* in several plates).
d.d. The two horns of the uterus.
e.e. The round ligaments.
f.f. The Fallopian tubes.
g.g. The ovaries.

FIGURE III.

Left Horn of Uterus developed together with a rudimentary Right Horn in a Sterile married woman aged 34.

(*After Rokitansky. Handbook of Special Pathological Anatomy*, vol. ii. 1842, s. 514, and *On the so-called duplicated uterus in the Medical Year-book. Oesterreich, Staates*, 1838, vol. 26).

a. Left uterine horn.
b. Hollow cavity of right rudimentary horn, which is connected with the left developed portion by a solid flat band of uterine tissue about 3 centimeters above the external os uteri.
c. Projecting funnel-shaped vagina.
d.d. Ovaries.
e.e. Fallopian tubes.
f. Right broad ligament.
g.g. Round ligaments.

Fig. 3.

Fig. 1.

Fig. 2.

Fig. 4.

PLATE XXXVI.—*(Continued).*

FIGURE IV.

Pregnancy in the Left Rudimentary Uterine Horn, mistaken at first for Tubal Gestation.

(*After Heyfelder and Ad. Kussmaul. On the Absence, Malformation, and doubling up of the Uterus, Würzburg*, 1859).

a. Right half of body of uterus.
b. Cervix uteri.
c. Vagina.
e. Right Fallopian tube.
f. Right ovary.
h. Incompletely developed left uterine horn.
i. Uniting portion in which for a short distance a small canal can be followed from the right horn.
k. Left round ligament.
l. Muscular fibres which diverge from the left round ligament into the body of the right horn.
m.m. Borders of peritoneum dissected off.
n. Left Fallopian tube.
o. Left ovary with a large corpus luteum.
p. Point of rupture with everted borders.
q. Placenta.
d. Umbilicus.
g. Membrana ovi.
r. Female embyro 12·5 centimeters long.

PLATE XXXVII.

FIGURE I.

Rudimentary Horn united by a solid band with the fully developed Uterine Horn enlarged by pregnancy. Transverse Section.

(*After J. Chr. Stan. Czihak. Diss. in de graviditate extra uterina, Heidelb.* 1824, and *Ad. Kussmaul, op. cit.* s. 124).

a. Cavity of left uterine horn.
b. Cervical canal.
c.c. Vaginal cavity.
d. Decidual membrane.
e. Opening of the left Fallopian tube.
f. Muscular band of union.
g. Cavity of the right pregnant horn.
h.h. Peritoneal covering.
i.i. Muscular layer with numerous divided vessels.
k. Placenta.
m. Funis to which was attached a male embryo at the 6th month of gestation.
n. Right Fallopian tube.

FIGURE II.

One-horned Uterus from a child. Drawn from behind.

(*After Pole, Memoirs of the Medical Society of London,* 1794, and *Kussmaul, op. cit.* s. 22).

a. Right horn of uterus alone developed. (Uterus unicornis dexter).
b. Right Fallopian tube.
c. Left Fallopian tube.
d. Left ovary.
e. Bladder.
f. Vagina with os uteri and vaginal portion projecting into it.
g. Right ovarian ligament.

FIGURE III.

One-horned Uterus from the body of a woman from 6 to 7 days pregnant for the tenth time; the left Kidney was also absent.

(*After Chaussier, Bulletin of the Faculty of Medicine of Paris,* 1817, and *Granville, Philosophical Transactions, for the year* 1818. *Accompanying text of Kussmaul, op. cit.* s. 122).

a. Posterior wall of pregnant uterine horn.
b. Right Fallopian tube.
c. Right ovary.
d. Right broad ligament.
e. Undeveloped Fallopian tube ovary, and broad ligament of the left side.
f. Vaginal portion.
g. Vagina.

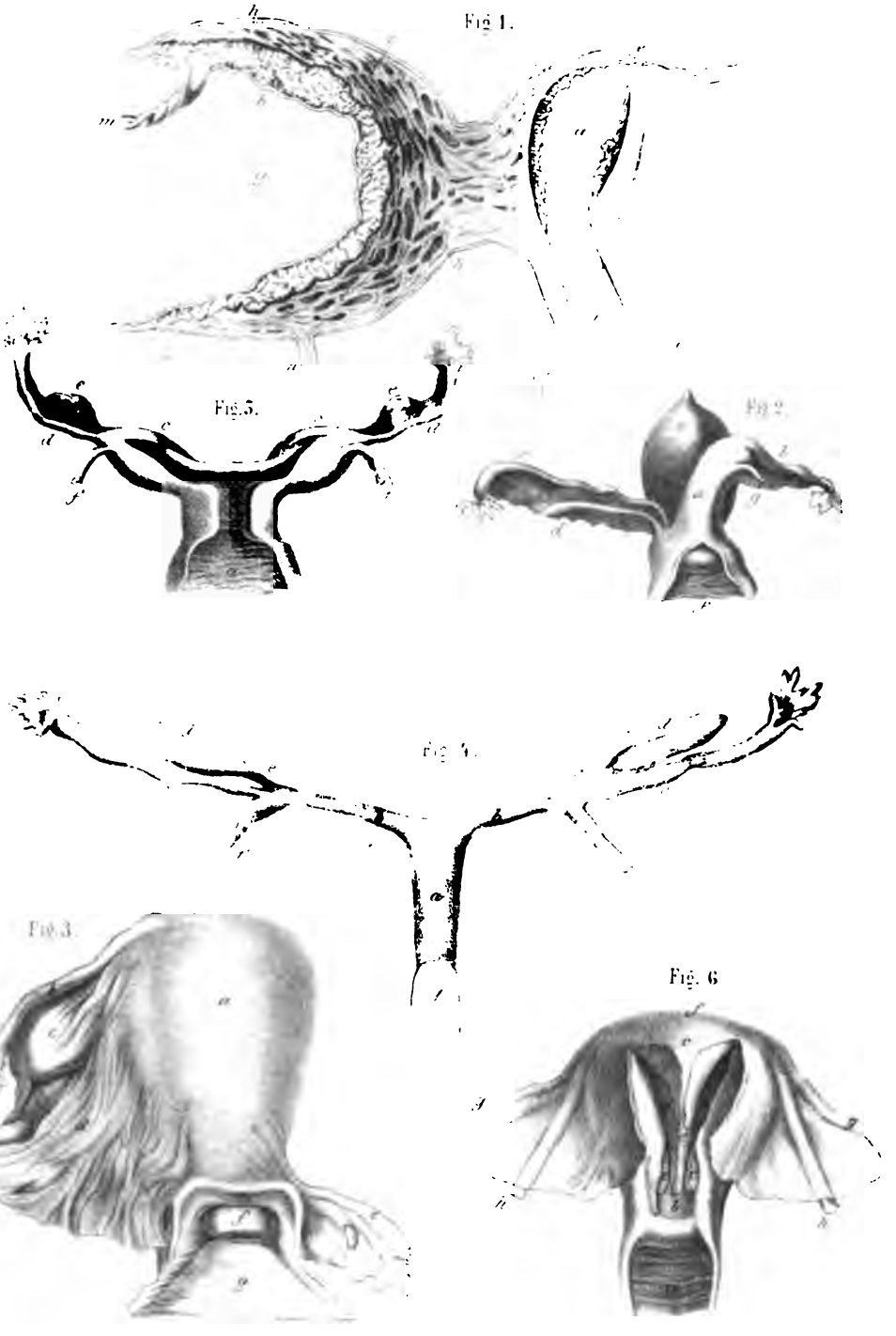


Fig 1.
Fig.5.
Fig 2.
Fig 4.
Fig.3.
Fig. 6

PLATE XXXVII.—(*Continued*).

FIGURE IV.

Schema of divided Uterine Body indicated by Connective Tissue and Muscular Fibrous Tissue with simple Cervix.

(*After Kussmaul, op. cit.*)

a. Indication of cervix.
b.b. Indication of uterine horns.
c.c. Fallopian tubes.
d.d. Ovaries.
e.e. Ovarian ligaments.
f.f. Round ligaments.
g. Vaginal cul de sac.

FIGURE V.

Apparently simple Uterus with Vaginal Wall continuous with Cervical Cavity.

(*After a preparation in the Heidelberg Anatomical Museum. Kussmaul, op. cit.* s. 27).

a. Vagina.
b. Simple cervix.
c.c. Horns of the uterine body.
d.d. Fallopian tubes.
e.e. Ovaries.
f.f. Round ligaments.

FIGURE VI.

Dissected Uterus with two Horns and simple Cervix.

(*After Gravêl, Diss. in De superfœtatione conjecturæ, Argentor,* 1738. *Accompanying text, Kussmaul, op. cit.*)

a. Vagina.
b. Simple lower portion of cervical canal.
c.c. Vaginal wall, thicker above, thinner below.
d.d. Right and left halves of uterine cavities.
e.e. Two protruberances in the neighbourhood of the internal os uteri.
f. Fundus uteri.
g.g. Fallopian tubes.
h.h. Round ligaments.

PLATE XXXVIII.

FIGURE I.

Cleft Uterus, with double Vagina, in a young woman aged 30.

(*After Cassan. Anatomical and Physiological Researches on Cases of Double Uterus, Thesis, Paris*, 1826).

a. Left round ligament.
b. Right round ligament raised up after dividing the layers of the broad ligament.
c.c. Ovaries.
d.d. Cysts under the fimbriæ of the Fallopian tubes.
e. Fold of peritoneum frequently observed in cases of uterus bicornis between bladder and rectum.

FIGURE II.

Uterus, divided from Vagina, with double Os Uteri after termination of Gestation in left half, drawn from behind.

(*After Cruveilhier*).

a.a. The two mouths of the uterus.

FIGURE III.

The same preparation opened in front.

(*After Cruveilhier*).

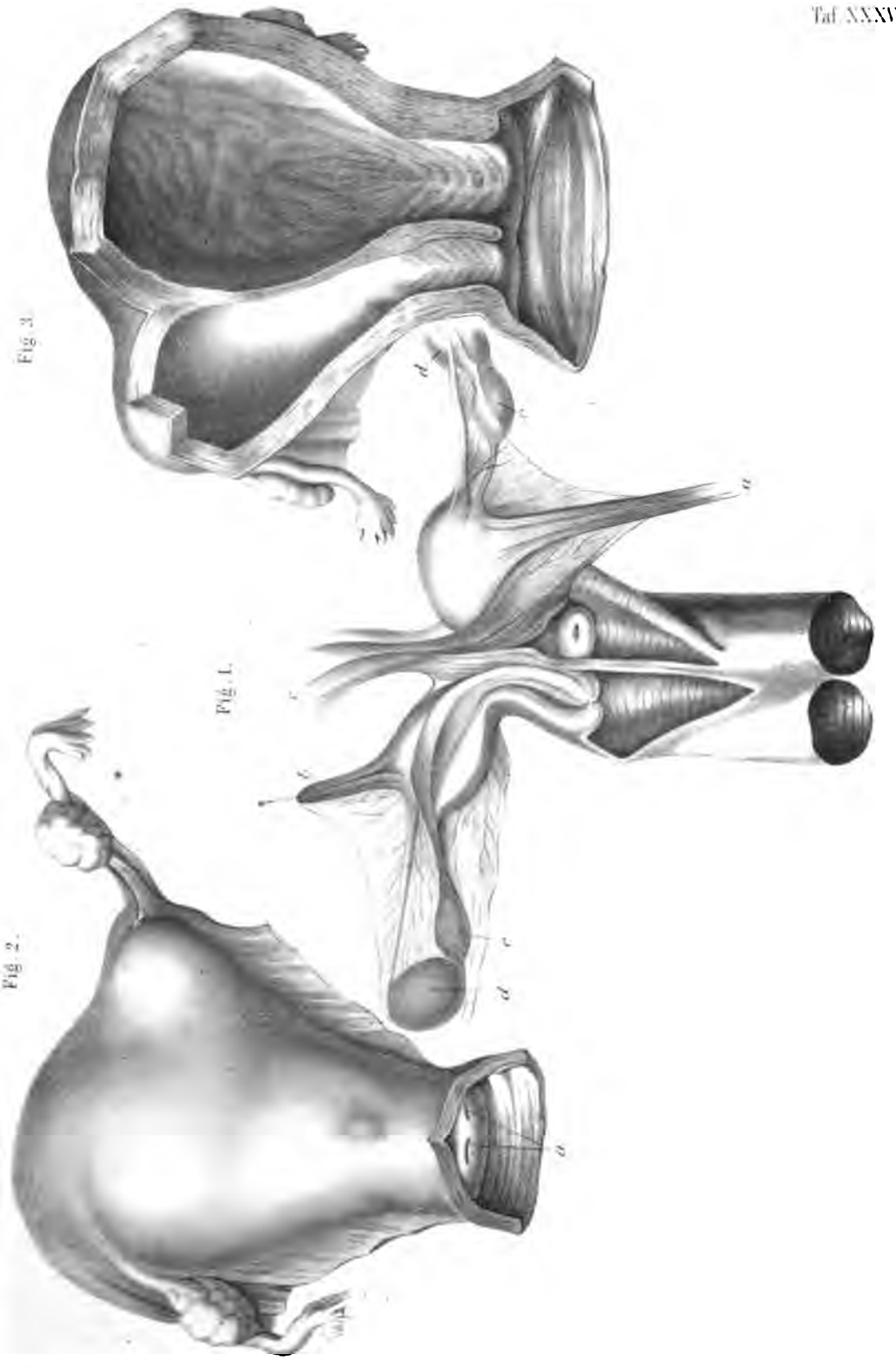


Fig. 3.
Fig. 1.
Fig. 2.

PLATE XXXIX.

FIGURE I.

Left obliquity of the Uterus.

(After a preparation from a single woman, drawn from behind).

a. Unusually developed left fold of Douglas.

FIGURE II.

The same Uterus dissected shews a Cicatrix in the neighbourhood of the Internal Os Uteri near the left border.

FIGURE III.

Fundus Uteri twisted to the right with Inflection of the Isthmus to the left and forwards. From a single woman over 30 years of age.

(*After Tiedemann. On Duverney's Glands in the Female and the distortions and positions of the Uterus, Heidelberg*, 1840).

a. Inflection to the left and forwards.

FIGURE IV.

Fundus Uteri twisted to the left and Os Uteri constricted. From a girl aged 15 years.

(*After Tiedemann, op. cit*).

FIGURE V.

Fundus Uteri strongly developed to the right. In the neighbourhood of the Isthmus the Uterus is atrophied.

(*After Tiedemann, op. cit.*)

FIGURE VI.

Bulky vaginal portion of the above preparation from below with obliquely situated Os Uteri.

Fig. 1.

Fig. 2

Fig. 3.

Fig. 4.

Fig. 5.

Fig. 6.

PLATE XL.

FIGURE I.

Anteflexion of the Puerperal Uterus; on the Posterior Wall at the placental site is attached a portion of Placenta.

The patient was delivered by forceps on account of retardation of the fœtal heart. The placenta was expressed, apparently completely. Diphtheritic endometritis and septic peritonitis, together with hæmorrhage and ischuria, terminated fatally on the 14th day after labour.

FIGURE II.

Puerperal Retroflexion; Placental Polypus on the Anterior Uterine Wall.

(*After E. Martin, op. cit.*)

Labour normal and easy. Followed by profuse bleeding and phlegmasia dolens. Death took place suddenly on the 29th day after labour from pulmonary embolism.

FIGURE III.

Retroflexion of the Puerperal Uterus; lengthening of the Anterior Uterine Wall on the internal surface of which is situated the uneven placental site.

(*After E. Martin, op. cit.*)

The patient died on the 10th day after labour from puerperal diphtheritis uteri.

The anterior wall is 2·7 centimeters longer than the posterior wall which is laid open.

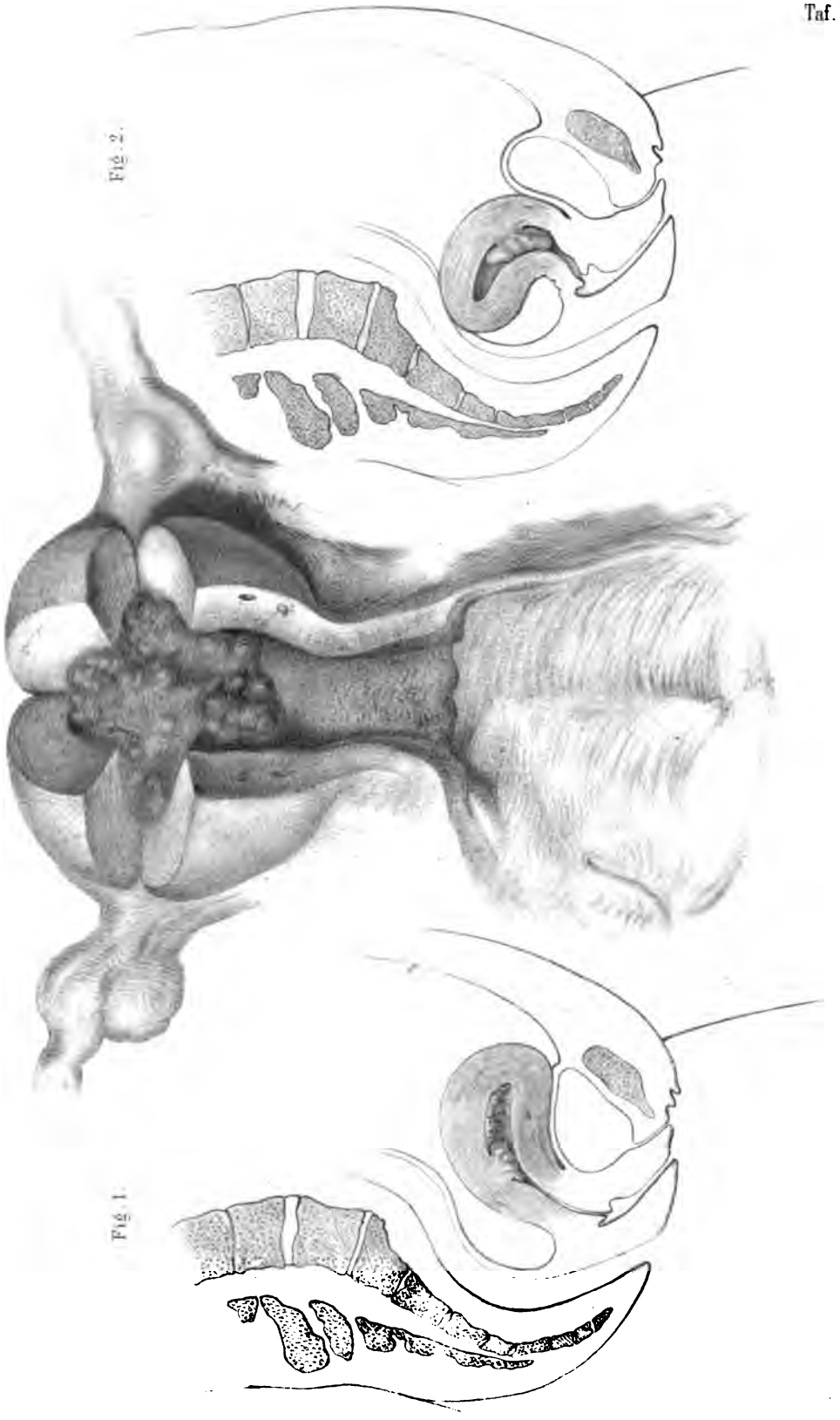


Fig. 2.

Fig. 3.

Fig. 1.

PLATE XLI.

FIGURE I.

Marked Anteflexion of the Uterus.

(*After Le Gendre, Homolographic Surgical Anatomy, Paris*, 1858).

a. Symphysis.
b. Bladder.
c. Uterus.
d. Rectum.
e. Sacrum.

FIGURE II.

Anteflexion of the Uterus soon after delivery.

(*After Le Gendre, op. cit.*)

a. Symphysis.
b. Bladder.
c. Uterus.
d. Rectum.
e. Sacrum.

FIGURE III.

Retroversion of the Gravid Uterus at the fourth month.

(DIAGRAMMATIC).

FIGURE IV.

Retroversion of the Gravid Uterus at the commencement of the fifth month with considerable distension of the Bladder by retained Urine.

(DIAGRAMMATIC).

FIGURE V.

Distension of the Bladder by retained Urine consequent on Retroversion of the Womb.

(*After W. Hunter. Anatomia uteri gravidi*).

a.a. Abdominal walls divided and turned back.
b. Bladder full of urine.
c.c. Intestines.

FIGURE VI.

Retroflexed Uterus bound down to the Rectum by Exudation Membrane.

(*After Boivin and Dugès. Diseases of the Uterus*).

a. Symphysis.
b. Bladder.
c. Uterus.
d. Vagina, dissected.
e. Rectum.
f. Sacrum.

Fig. 1.

Fig. 2.

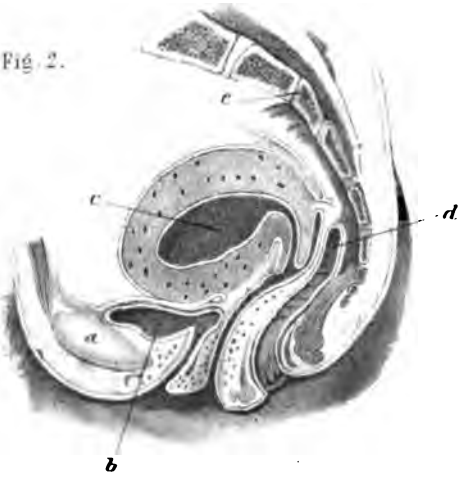


Fig. 3.

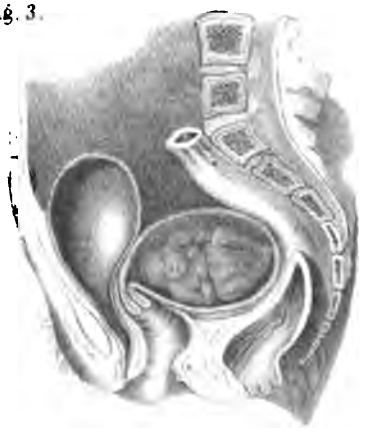


Fig. 4

Fig. 5.

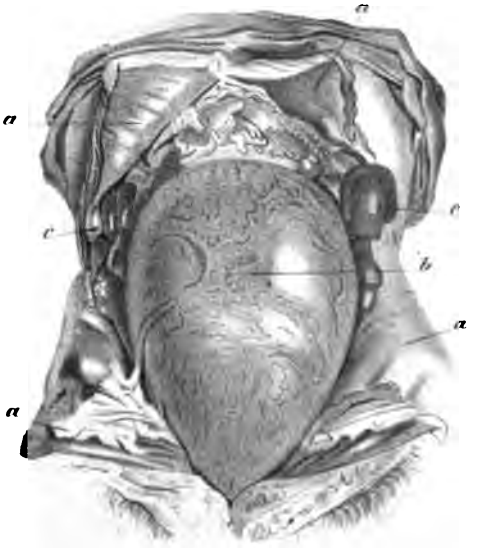
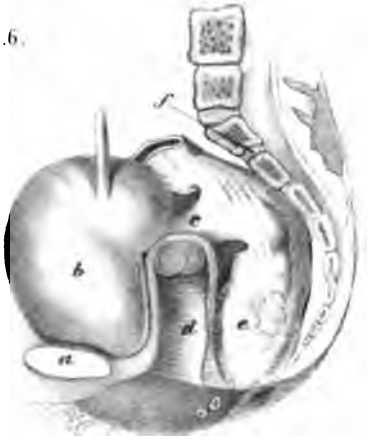


Fig. 6.



E. Martin's Handatlas. II Aufl. v. A. Martin.

Alb. Schütze. Lith. Inst. Berlin.

PLATE XLII.

FIGURE I.

Vertical Section of Uterus.

(*After F. Winckel. The Pathology of the Female Genital Organs photographed life-size from Nature, Dresden*, 1877).

The uterine cavity is almost in a straight line, the cervical cavity is more slightly *S*-shaped, the convexity being from the internal os backwards at first, at the middle of the cavity the convexity is directed forwards. (*o.i.* Are placed too low down in the drawing, they should be opposite the convexity backwards).

FIGURE II.

Vertical Section of Uterus.

(*After Winckel, op. cit.*)

FIGURE III.

Vertical Section of Senile Uterus.

(*After Winckel, op. cit.*)

Senile atrophy of vaginal portion, atresia of external os uteri, dilatation of uterine cavity.

FIGURE IV.

Partial Prolapsus Uteri. Hypertrophy of the Neck of the Uterus.

(*After Winckel, op. cit.*)

B. Bladder.
R. Rectum.
h. Posterior lip of os uteri.
v. Anterior lip.
A. Cystocele.

FIGURE V.

Myoma of the Uterus.

(*After Winckel, op. cit.*)

A posterior subserous intra-parietal myoma growing outwards in the anterior wall of the uterus.

FIGURE VI.

Carcinoma of the Uterine Neck.

(*After Winckel, op. cit.*)

R. Rectum.
o.i. Internal os uteri.

The cervix is involved as far as the internal os uteri and on the posterior wall of the uterus. The Douglas' pouch is unimplicated.

Fig. 5.

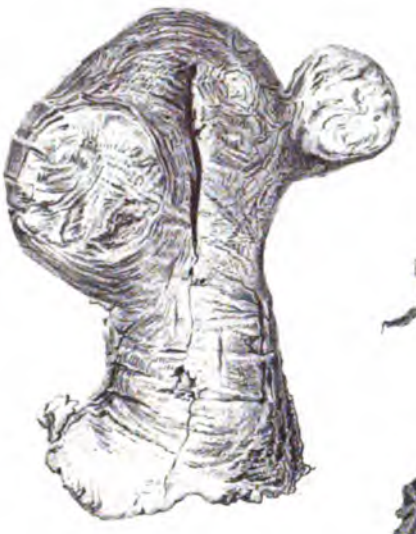


Fig. 1.

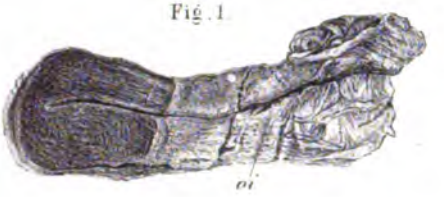


Fig. 6.

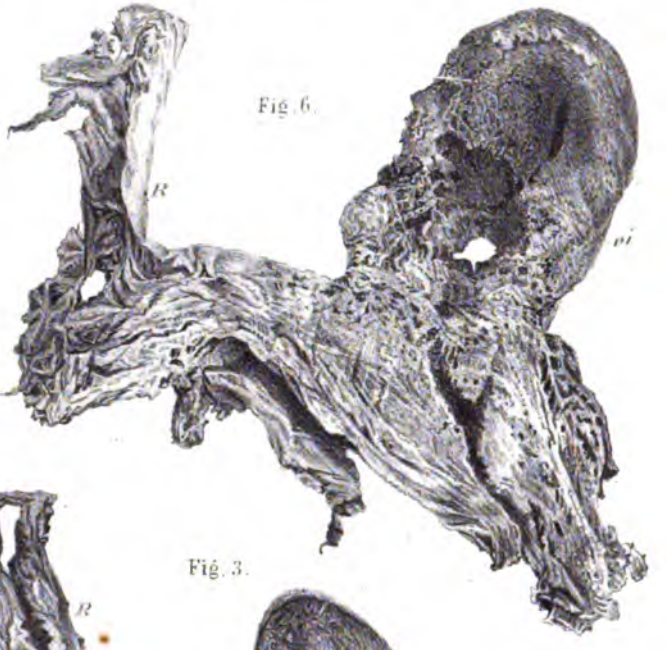


Fig. 4.

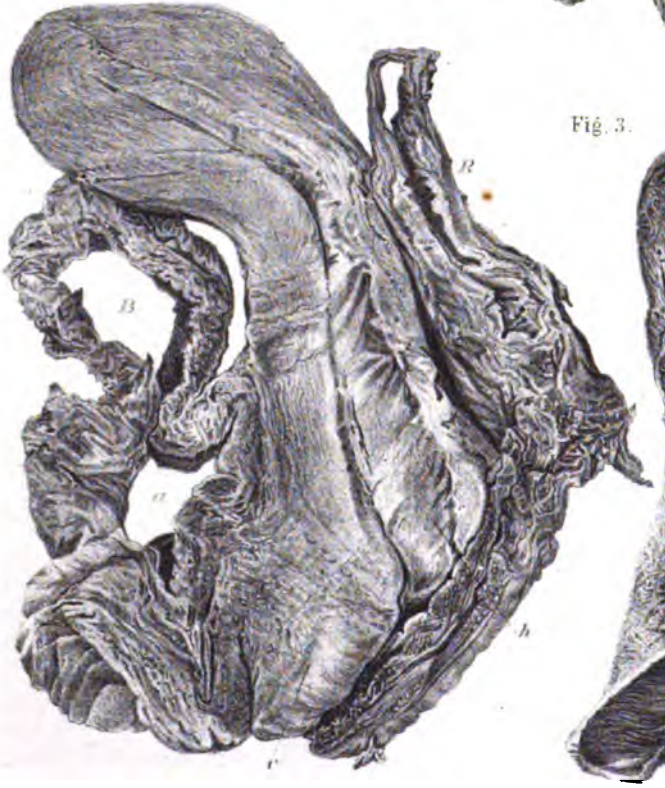


Fig. 3.

Fig. 2.

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PLATE XLIII.

FIGURE I.

Retroflexion of the Uterus in a new-born female.

(*After C. Ruge, Clinical Contributions. Zeitschrift für Gehursthülfe und Gynäkologie*, band ii. s. 24, 1877).

B. Bladder. | *R.* Rectum. | *o.i.* Internal os uteri.

FIGURE II.

Obtuse-angled Anteflexion.

(*After Winckel, op. cit.*)

o.i. Internal os uteri.
T. Thrombi in both walls of the uterus. The anterior wall is thicker throughout than the posterior.

FIGURE III.

Obtuse-angled Anteflexion.

(*After Winckel, op. cit.*)

FIGURE IV.

Obtuse-angled Anteflexion.

(*After Winckel, op. cit.*)

The point of curvature is, in Figs. 3 and 4, beneath the internal os uteri, *o.i.*

FIGURE V.

Right-angled Anteflexion.

(*After Winckel, op. cit.*)

FIGURE VI.

Right-angled Anteflexion.

(*After Winckel, op. cit.*)

V. Vagina.
o.e. External os uteri.

o.i. Internal os uteri. Considerable thickening of the anterior uterine wall.

FIGURE VII.

Acute-angled Anteflexion.

(*After Winckel, op. cit.*)

B. Bladder considerably displaced from its relation with the uterus.

o.i. Internal os uteri.
T. Thrombi.

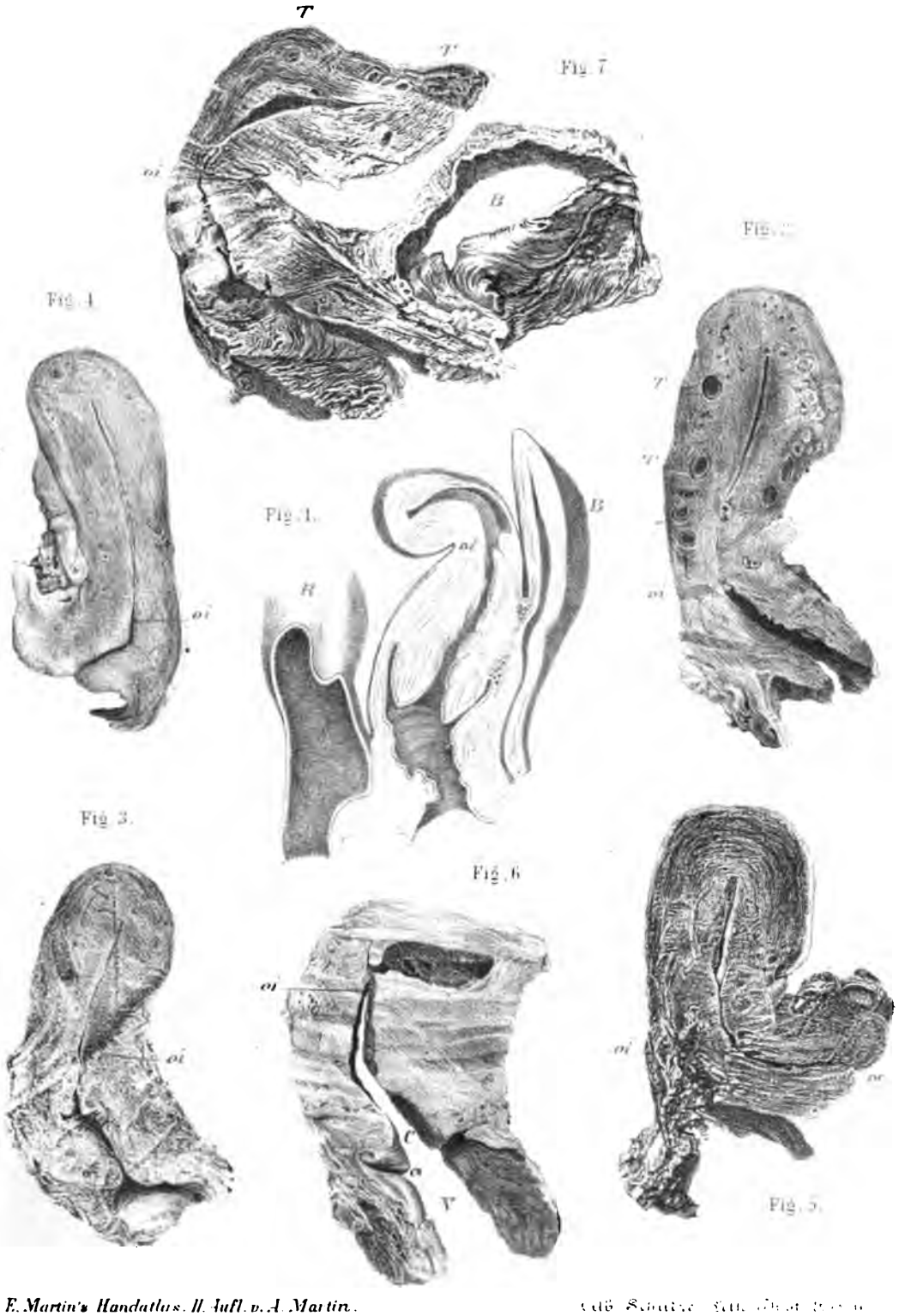

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PLATE XLIV.

FIGURE I.

Retroversion of the Uterus.

(*After Winckel, op. cit.*)

V. Vagina.
B. Bladder; its relation with the cervix is disturbed.
R. Rectum.
o.e. External os uteri.
o.i. Internal os uteri.

FIGURE II.

Obtuse-angled Retroflexion of the Uterus.

(*After Winckel, op. cit.*)

R. Rectum stretched and united by adhesions to the fundus.
B. Bladder.
o.e. External os uteri.
o.i. Internal os uteri.

FIGURE III.

Retroversion of the Uterus.

(*After Winckel, op. cit.*)

R. Rectum.
V. Vagina.
o.e. External uterine orifice.
o.i. Near the internal os uteri.

The cervical canal is markedly *S*-shaped, the mucous membrane of the cervix and the glandular tissue of the body of the uterus are degenerated.

FIGURE IV.

Retroflexion with adhesions to the Rectum.

(*After Winckel, op. cit.*)

Posterior wall thicker than the anterior. Posterior lip lengthened, anterior lip has become obliterated. Uterine mucosa normal.

R. Rectum.
C.D. Douglas' pouch.
B. Bladder.
V. Vagina.
o.e. External os uteri.
o.i. Internal os uteri.

Fig. 2.

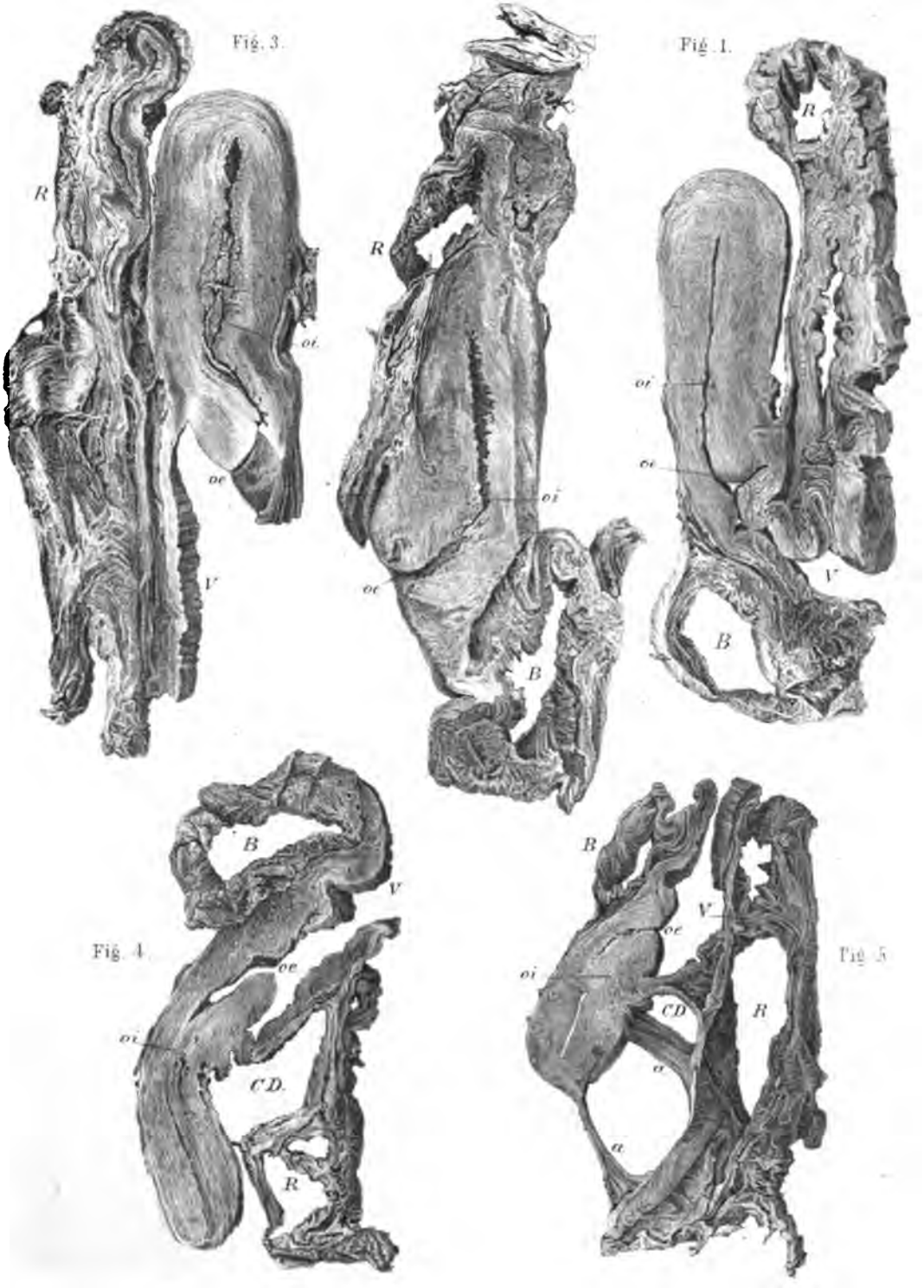

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PLATE XLIV.—*(Continued)*.

FIGURE V.

Retroflexion with adhesions to the Rectum.

(After Winckel, op. cit.)

R. Rectum.
B. Bladder.
V. Vagina.
o.e. External os uteri.
o.i. Internal os uteri.
a.a. Adhesions.
C.D. Douglas' pouch.

The posterior wall of the uterus is bound down to the rectum by two adhesions, and is thicker than the anterior wall. The mucous membrane of the cervix is hyperplastic with cystoid follicles.

PLATE XLV.

FIGURE I.

Partial inversion of the Uterus in a woman aged 30, who died three hours after delivery; viewed from above.

(*From the Pathological Repertory of Anatomy and Physiology*, vol. ii. *Paris*, 1826. *Obstetric Demonstrations*, part 8).

a. Bladder.
b. Projection of anterior uterine wall.
c. Projection of posterior uterine wall.
d.d. Fallopian tubes
e.e. Ovaries.
f. Rectum.

FIGURE II.

Partial inversion of the Uterus.

(*After Baillie, A Series of Engravings*, 2nd edit. *London*, 1812. *Surgical Copperplates, Weimar*, 9th part, 1821).

a.a.a. Vagina dissected from behind.
b.b. The posterior wall of the cervix dissected to show the inverted portion of fundus.
c. Inverted body of uterus.
d. Anterior wall of cervix.

FIGURE III.

Partial inversion of the Uterus, five years after the occurrence of the inversion, with prolapse.

(LIFE-SIZE).

(*After Boivin and Dugès, op. cit.* plate 12).

a. Firmly contracted ring of cervic neck.
b. Inverted body and fundus of the uterus.

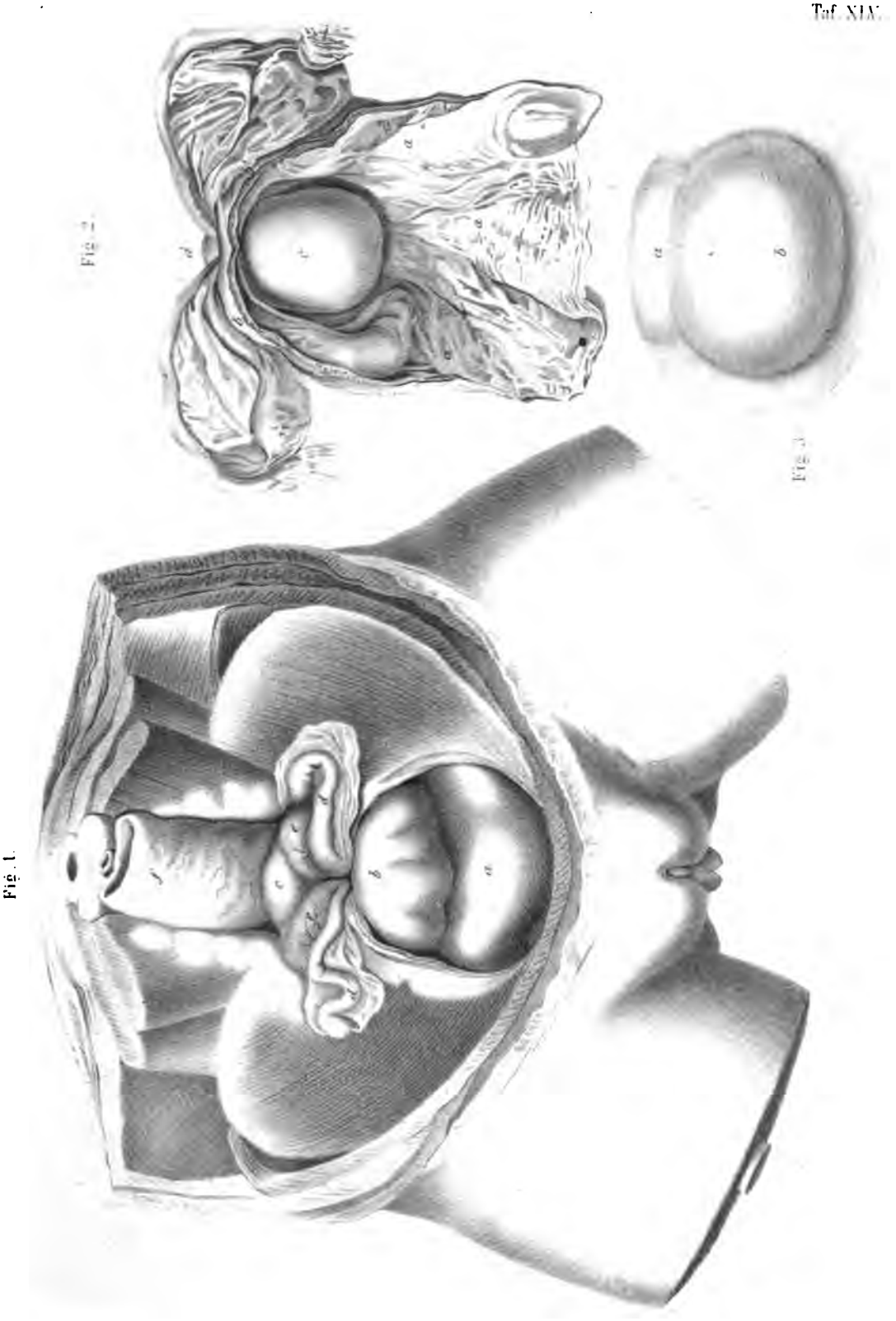

Fig. 1.

PLATE XLVI.

FIGURE I.

Inversion of the Uterus with prolapse, resulting from injudicious traction on the Placenta.

(*After Boivin and Dugès, op. cit.*, plate 12).

a. The internal surface of the inverted uterus.
b. Anterior border of the external os uteri.

FIGURE II.

Prolapse of hypertrophied polypoid growth of anterior lip of the Os Uteri.

(Half Life-size).

(*After W. H. Niemeyer, Zeitschrift für Geburtshülfe*, band i. *Halle*, 1828, Tafel 5).

a. Polypoid hypertrophied anterior lip of os uteri extruded from the vulva. (Removed successfully by ligature).

FIGURE III.

Polypoid growth of posterior lip of Os Uteri to a weight of 14 pounds.

(*From a case by E. Martin, of a woman aged 42 who died from hæmorrhage. Diagrammatic*).

a. Fundus uteri to be felt on a level with the umbilicus.
b. Anterior lip of the os uteri.
c. Hypertrophied posterior lip of the os uteri.

FIGURE IV.

Elongation of the vaginal portion.

(Half Life-size).

(*After Boivin and Dugès, op. cit.*)

a. Vaginal portion of cervix uteri.
b. Posterior lip of os uteri.
c. Anterior lip of os uteri.
d. Pedunculated excrescences on the preputium clitoridis.

Fig. 1.

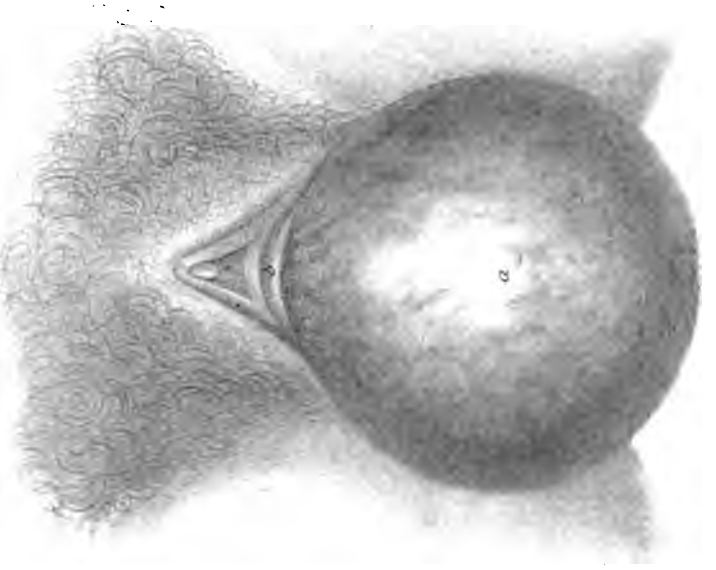

Fig. 3.

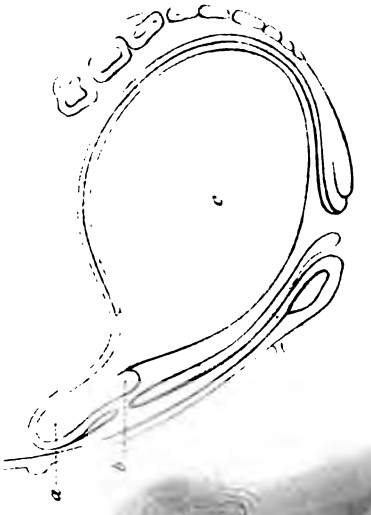

Fig. 4.

Fig. 2.

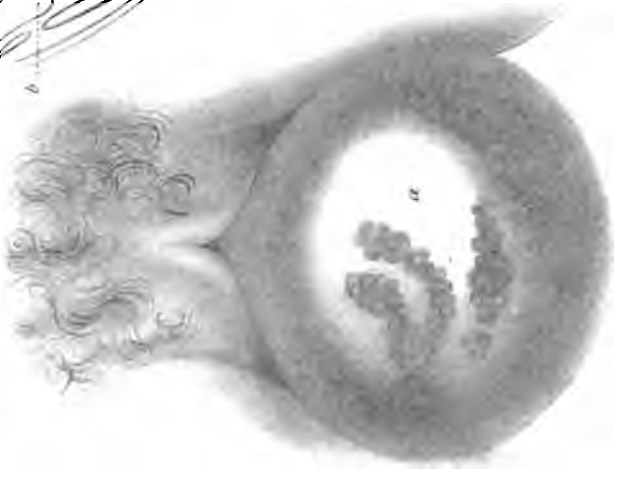

PLATE XLVII.

FIGURE I.

Complete prolapse of the Uterus with elongation and hypertrophy of the Cervix Uteri.

(*From a preparation of the Jena Anatomical Museum, accompanying Surgical Copperplates, Weimar*, 1822, plate 61).

a. Vaginal portion of elongated uterus.
b. Inverted vagina.
c c. Labia minora.
d.d. Round ligaments.
e.e. Fallopian tubes.
f. Bladder.
g.g. Fimbriæ of the Fallopian tubes.

FIGURE II.

Pelvic Viscera in prolapse of the Uterus drawn from within.

ACCOMPANYING FIG. I.)

(*From Surgical Copperplates*, plate 61).

a. Bladder.
b. Rectum.
c.c. Ovaries.
d.d. Fimbriæ of the Fallopian tubes.
e.e. Round ligaments.
f.f. Ureters.

FIGURE III.

Complete prolapse of the Uterus following elongation of the Cervix.

(*After Matthew Baillie. A Series of Engravings*, 2nd edit., *London*, 1812).

a. Meatus urinarius.
b. Inverted anterior wall of the vagina.
c. Os uteri.
d. Vaginal portion.

FIGURE IV.

Complete prolapse of the Uterus without Cystocele following prolapse of the posterior wall of the Vagina with Enterocele and prolapse of the Rectum.

(*After R. Froriep, Surgical Copperplates*, plate 388. *Accompanying following plate*, fig. 2).

a. Meatus urinarius.
b. Prolapsus uteri with inversion of the vagina.
c. Prolapse of the rectum.

Fig. 1.

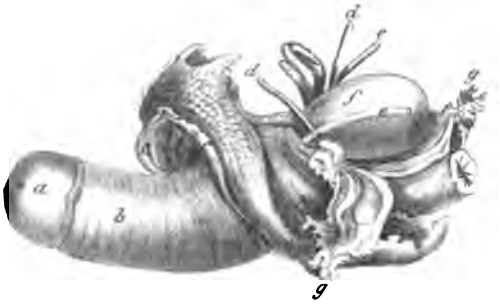

Fig. 4.

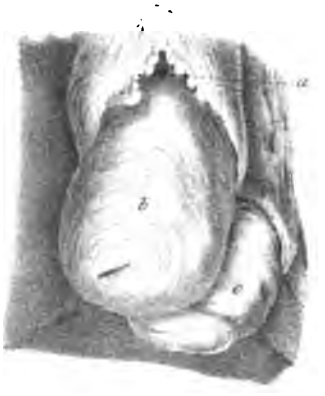

Fig. 2.

Fig. 5.

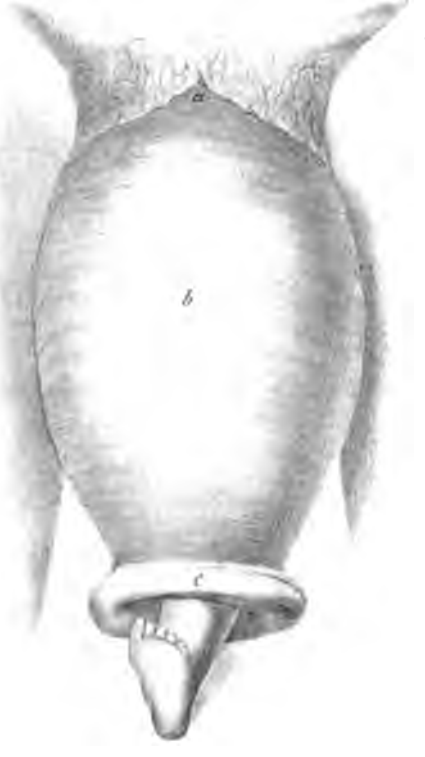

Fig. 3.

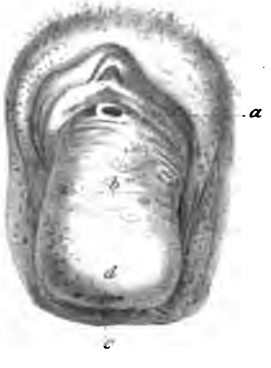

PLATE XLVII.—(*Continued*).

FIGURE V.

Complete prolapse of the Uterus advanced in Gestation with partial foot presentation of the Fœtus in Multipara, aged 38 years.

(*After Wagner in El. v. Siebold's Journal of Midwifery. Diseases of Women and Children. Frankfort on Maine*, vol. v. 1816, p. 615).

a. Meatus urinarius.
b. Prolapsed uterus with the fœtus in the inverted vagina.
c. Os uteri, from which the right foot of the fœtus is extruded.

PLATE XLVIII.

FIGURE I.

Prolapse of the posterior wall of the Vagina with sinking of the Uterus.

(*After Robert Froriep, Surgical Copperplates*).

a. Rectum.
b. Dilated Douglas' pouch with prolapse of the posterior vaginal wall. (Enterocele cum prolapsu vaginæ posteriore).
c. Uterus.
d. Bladder.
e. Symphysis.

FIGURE II.

Prolapse of the Uterus with marked Enterocele and prolapse of the Uterus.

(*After R. Froriep, Surgical Copperplates*, plate 388. *Accompanying the preceding plate*, fig. 4).

a. Sacrum and coccyx.
b. Prolapsed rectum laid open.
c. Perinæal body.
d.d. Extremely elongated and thickened cervix.
e.e. Peritoneal fold between the uterus and rectum.
f. Bladder.
g. Symphysis pubis.
h. Ovary.
i. Fallopian tube.
k. Urethra.

FIGURE III.

Prolapse of the Uterus from marked elongation of the Uterus with Cystocele.

(*After Robert Froriep, Surgical Copperplates*, plate 417).

a. Sacrum and coccyx.
b. Rectum.
c. Protruded thickened posterior vaginal wall.
d.d. Extremely elongated cervix.
e.e. Inverted anterior wall of the vagina.
f. Bladder.
g. Symphysis pubis.
h. Slightly prolapsed body and fundus of the uterus.
i. Perinæum.
k. Ovary and Fallopian tube.

Fig. 1.

Fig. 2.

Fig. 3

Fig. 4.

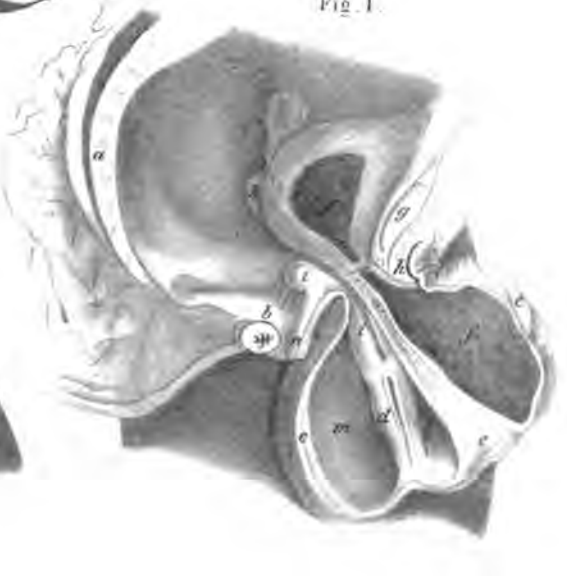

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PLATE XLVIII.—*(Continued).*

FIGURE IV.

Prolapse of the Uterus following prolapse of anterior and posterior Vaginal Walls.

(*After Robert Froriep, Surgical Copperplates,* plate 416).

a. Sacrum and coccyx.
b. Rectum.
c. Posterior vaginal wall.
d. Uterus unenlarged, laid open at the side, with occluded os uteri.
e.e. Anterior vaginal wall.
f.f. Bladder divided into two compartments by the cystocele.
g. Symphysis pubis.
h. Urethra running downwards.
i.i. Ovary and Fallopian tube.
k. Ureter much dilated by continuous distention from below.
l. Peritoneal fold between uterus and bladder.
m. Distended Douglas' pouch.
n. Rectum.

FIGURE V.

Prolapse of the anterior wall of the Vagina with elongation of the Uterus.

(*From a preparation in the Gynæcological Clinic at Berlin*).

The uterine walls are considerably atrophied; at the fundus there is an intraparietal myoma. An ovulum Nabothi is situated in the cervical canal. The connection between the bladder and uterus is loosened by an inversion of the peritoneum.

PLATE XLIX.

FIGURE I.

Elongation of the Cervix with prolapse; fibroid growths in walls of the Uterus, and cyst at the Fundus.

(After Cruveilhier, Pathological Anatomy).

(ONE-THIRD LIFE-SIZE).

a. Inverted vaginal wall with thickened epithelial-like epidermis.
b. Lips of os uteri.
c. Cervical canal much elongated.
d. Uterine cavity.
e.e.e. Fibroid tumours in uterine wall.
f.f.f. Large cyst, with serous contents, above the larger fibroid.

FIGURE II.

Elongation of the Uterus which prolapsed into a Crural Hernia.

(After Cruveilhier, op. cit.)

(ONE-THIRD LIFE-SIZE).

FIGURE III.

Perforation of the posterior wall of the Cervix with preservation of the peritoneal covering in a patient who died from Peritonitis six weeks after labour.

(After Cruveilhier, op. cit.)

a. Cicatrised rupture of the posterior wall.

FIGURE IV.

The same cicatrised rupture as in Fig. 3, drawn from within.

(After Cruveilhier, op. cit.)

(ONE-THIRD LIFE-SIZE).

FIGURE V.

Bladder-polypus or Cysto-sarcoma of the Mucous Membrane of the Uterine Cavity, caused by degenerations of the Utricular Glands.

(*After J. Hope, Principles and Illustrations of Morbid Anatomy, London*, 1834, no. 218).

The author removed a similar tumour in 1849, from the anterior wall of the uterus. The cystic tumour, larger than a fœtal head, was removed by the ligature passed into the uterine cavity. The recovery of the patient, aged 39, was permanent. Before the operation she had suffered for years from severe uterine hæmorrhage which had rendered her extremely anæmic.

a.a.a.a. Uterine walls.
b.b.b.b. Utricular glands degenerated into bladders as large as cherries.
c.c. Incision into the cysto-sarcoma.

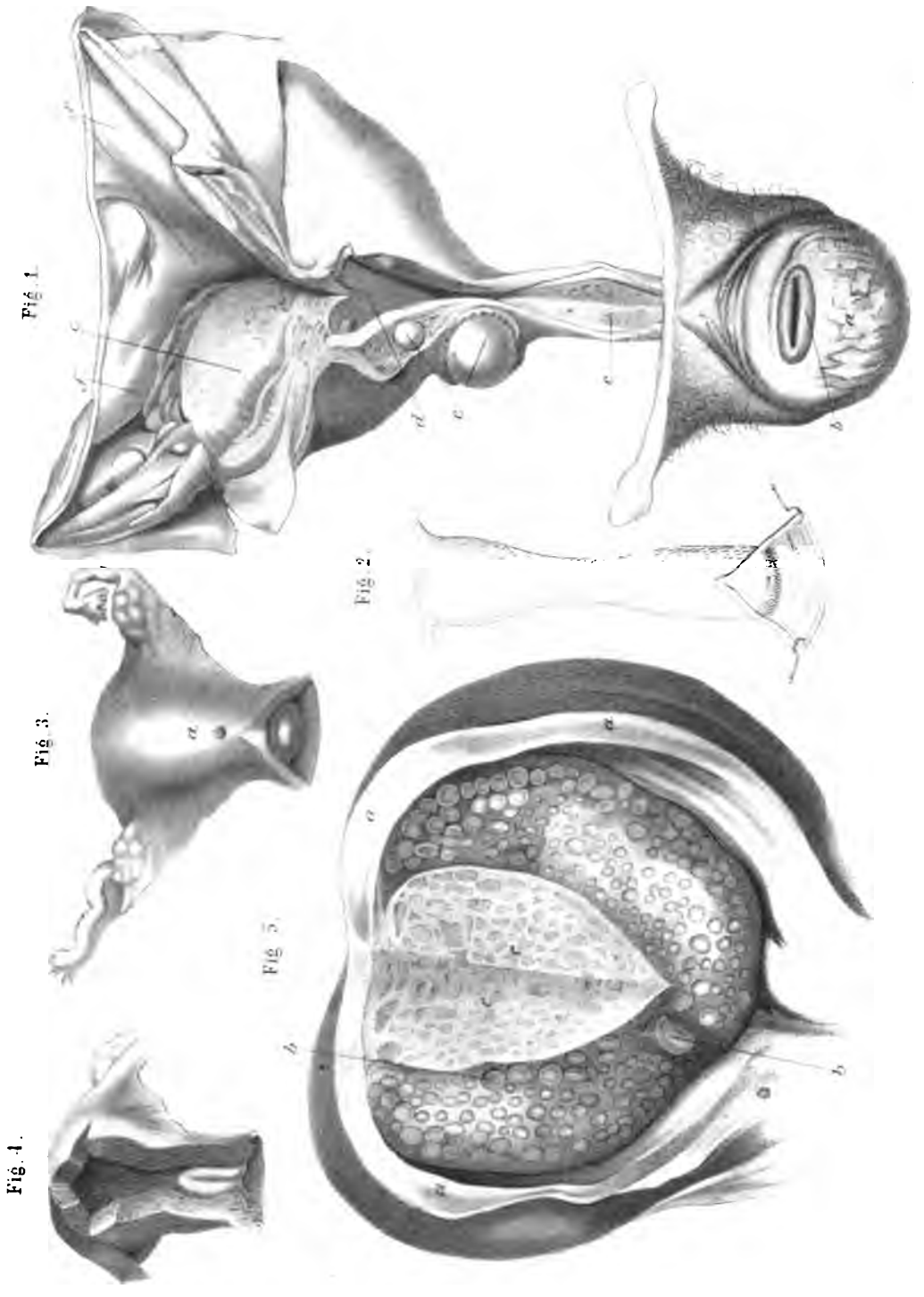

Fig. 1.

Fig. 2.

Fig. 3.

Fig. 5.

Fig. 4.

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PLATE L.

FIGURE I.

Vaginal portion of Cervix with dilated Os Uteri, through which an Intra-uterine Polypus can be seen.

(*After Cruveilhier, Pathological Anatomy*, book xi. pl. 6).

a.a.a.a. Dissected vagina.
b. Vaginal portion.
c.c. Hypertrophied follicle.
d. Lower extremity of polypus.

FIGURE II.

The Polypus, after division of the anterior wall of the Uterus, is seen growing from the Fundus. (Same preparation as in Fig. 1).

(ONE-THIRD LIFE-SIZE).

(*After Cruveilhier, op. cit.*)

a.a.a. Lips of os uteri which projected 1·7 centimeters below the polypus.
b.b. Thickened wall of the uterus with development of vessels.
c. Fibrous polypus which has caused some inversion of the fundus.

FIGURE III.

Perpendicular Section of the Polypus, seen in Fig. 2, which has grown from the Uterine Wall.

a. Point of continuation of the sarcoma into the tissue of the fundus.
b.b. Dilated veins in the sarcoma.

FIGURE IV.

Fibroid Tumour of Uterine Wall, and Follicular Polypus of the Cervical Canal.

(ONE-THIRD LIFE-SIZE).

(*After Cruveilhier, op. cit.* book xiii. pl. 6).

a.a. The dissected wall of the uterus shews vascular development comparable to that seen at the third month of pregnancy.
b. Fibroid of the posterior uterine wall underneath a thin divided coating.
d.d.d. Other fibroids in the uterine walls.
e. Subperitoneal fibroid.
f. Follicular polypus of the cervical canal.

Fig. 1.

Fig. 2.

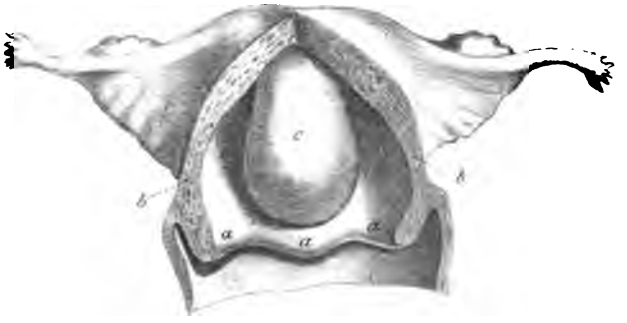


Fig. 4.

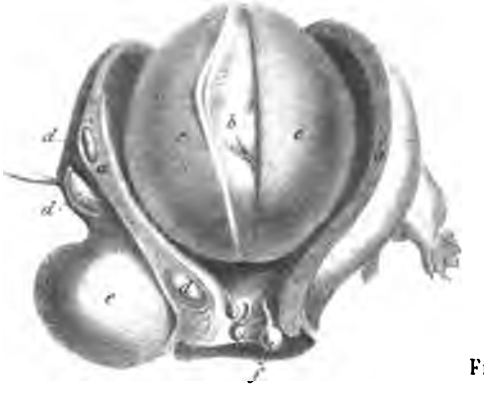


Fig. 3.

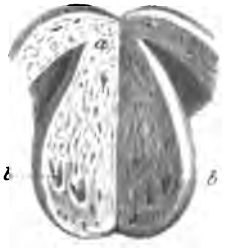


Fig. 5.

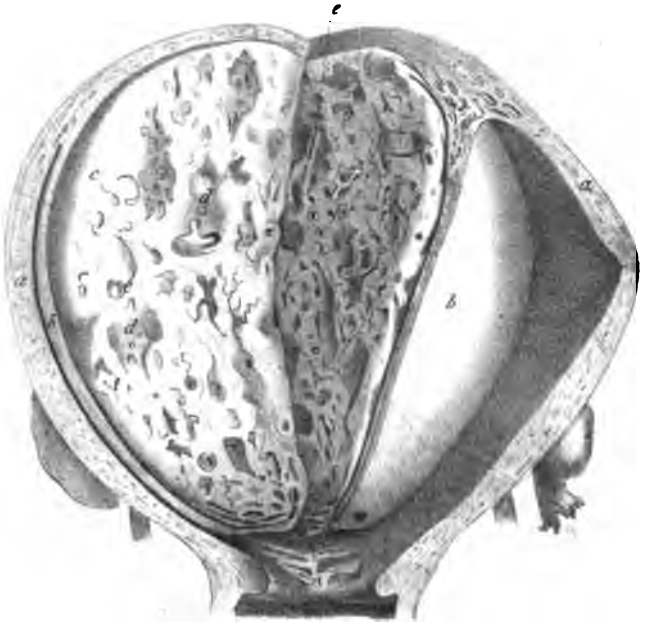


PLATE L.—*(Continued).*

FIGURE V.

Fibroid Tumour in the anterior wall of the Uterus, which has grown to the size of a Uterus far advanced in pregnancy.

(ONE-THIRD LIFE-SIZE).

(After Cruveilhier, op. cit.)

a.a.a. Thickened wall of the uterus with dilated vessels.
b.b. Internal layer, of the anterior uterine wall covering the fibroid, divided.
c.c. Divided fibroid, which contains cavities, *d.d.*, filled with serous fluid.
e.e.e. Divided veins in the fibroid partly filled with thrombi.

PLATE LI.

FIGURE I.

Polypus of the Mucous Membrane and underlying Uterine Tissue which has grown into the Uterine Cavity from the Internal Os.

(ONE-HALF LIFE-SIZE).

(*After R. Froriep, Surgical Copperplates*, part 80, *Weimar*, 1839).

a. Polypus within the opened uterine cavity.

b. Vertical section of the polypus, consisting of mucous membrane, smooth muscular fibres and fine vessels, after removal.

FIGURE II.

Numerous Mucous growths in the Uterine Cavity.

(HALF LIFE-SIZE.)

(After R. Froriep, op. cit.)

a.a.a.a. The mucous polypi in the uterine cavity.

b. Vascular mucous polypus opened to display the cavity.

FIGURE III.

Mucous Polypus at Fundus, growths of Mucosa and its Utricular Glands.

(*After R. Froriep, op. cit.*)

FIGURE IV.

Interstitial Submucous Fibroids; the Submucous Fibroid has grown into the Uterine Cavity.

(HALF LIFE-SIZE).

(*After R. Froriep, op. cit.*)

FIGURE V.

Numerous round Fibroids, partly under the Peritoneal Covering, partly under the Uterine Mucosa.

(HALF LIFE-SIZE).

(*After R. Froriep, op. cit.*)

FIGURE VI.

Fibroid Tumour in the wall of the Fundus Uteri soon after labour.

(ONE-THIRD LIFE-SIZE).

(*After Cruveilhier, Pathological Anatomy*, book xi.)

a.a.a.a.a. Through the walls of the uterus with large vessels developed by gestation.

b. Placental site.

c.c. Section through the fibroid.

Fig. 1.

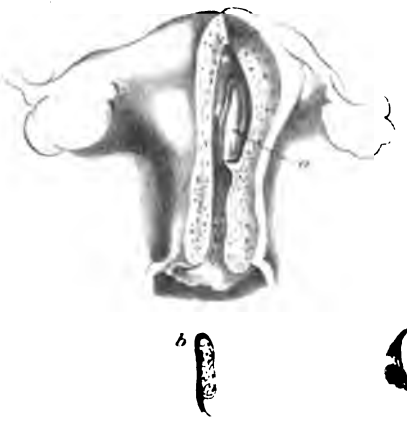


Fig. 3.

Fig. 4.

Fig. 2.

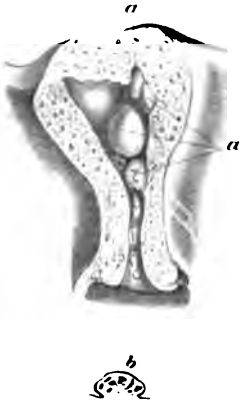


Fig. 5.

Fig. 6.

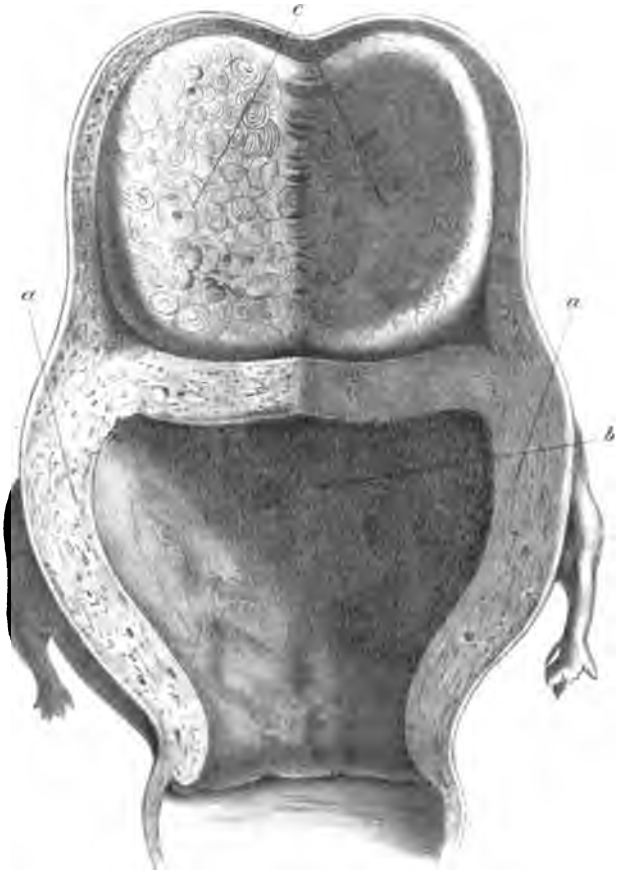


PLATE LII.

FIGURE I.

Fibroid in the posterior wall of the Cervix and Body of the Uterus.

(One-third Life-size).

(*After C. Wenzel, Diseases of the Uterus, Mainz*, 1816, pl. 7).

a.a. Remains of the divided bladder.
b.b.b. Divided anterior wall of the uterus.
c.c. Interstitial fibroid, in the posterior wall of the cervix, which resembled the presenting head.
d. Smaller fibroid protruding into the uterine cavity.

FIGURE II.

The Tumour in Fig. 1 cut through.

(*After C. Wenzel, op. cit.* pl. 8.)

a.a.a.a. Section of anterior uterine wall.
b.b.b.b. Section of posterior wall of uterus in which the fibroid was embedded.
c.c. Section of the fibroid, shewing numerous open blood vessels.
d. Uterine cavity.
e. Fibroid underneath the uterine mucosa.

FIGURE III.

Interstitial Fibroid in the anterior wall of much enlarged Uterine Body.

(One-third Life-size).

(*After C. Wenzel, op. cit*). pl. 10.

a.a. Anterior wall of Uterus.
b.b.b. False membrane uniting anterior uterine wall with the abdominal wall.
c.c. The anterior lip of the os uteri divided.
d.d. Fibroid in posterior lip of os uteri.

FIGURE IV.

Section of Fibroid seen in Fig. 3.

(*After C. Wenzel, op. cit.* pl. 11).

a.a.a.a.a. Section through the richly vascular uterine wall enclosing fibroid.
b.b. Cut tissue of the interstitial fibroid.
c.c. Divided anterior cervical wall.
d. Fibroid in posterior lip of os uteri.

Fig. 2.

Fig. 1.

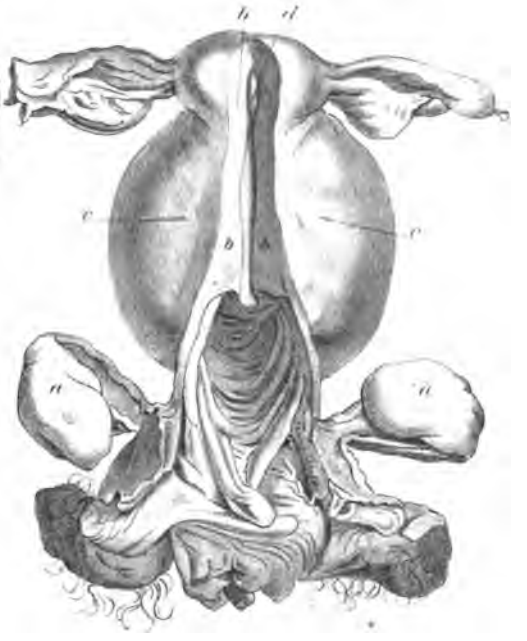


Fig. 3.

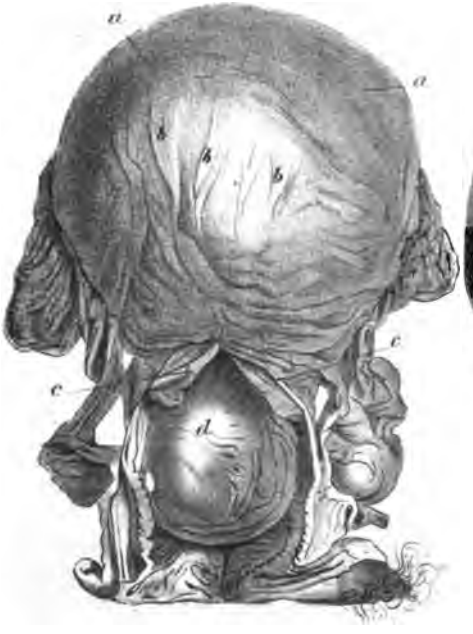


Fig. 4.

PLATE LIII.

FIGURE I.

Cancer of the Uterus, with Cancer of the anterior wall of the Vagina and the posterior portion of the Vaginal cul de sac.

(HALF LIFE-SIZE).

(*After Cruveilhier, op. cit.* book 24).

a.a.a. The indurated bladder.
b.b. The body of the uterus apparently free from cancerous infiltration.
c.c. Cancer, in the anterior and posterior vaginal walls, commencing to break down in front.
d. Lower portion of the vagina.

FIGURE II.

Ulcerated Uterine Cancer.

(*After C. Wenzel, Diseases of the Uterus, Frankfort*, 1816).

a.a. Uterus laid open from behind.
b.b.b. Cancerous tumour of the cervix.
c.c. Thickened Fallopian tubes with adherent Fimbriæ.
d.d. Ovaries.
e.e. Rectum cut through.

FIGURE III.

Cancerous destruction of the vaginal portion of the Uterus and the vaginal wall between the Vagina and Bladder.

(HALF LIFE-SIZE).

(*After C. Wenzel, op. cit*).

a.a. Body of the uterus cut through from the front.
b.b. Fallopian tubes.
c.c.c. Surface of the tumour in the situation of the vaginal portion and posterior wall of the vagina.
d.d.d. Border of vesico-vaginal fistula infiltrated with cancer.
e.e.e.e. Indurated bladder and urethra laid open from the front.
f.f. Divided urethra.

FIGURE IV.

The Uterus, seen in Fig. 3, infiltrated with cancer, together with the Fallopian tubes.

(*After C. Wenzel, op. cit*).

a.a. Posterior surface of the body of the uterus.
b. Left Fallopian tube, bound down to the posterior surface of the uterus by adhesions, terminating in three cyst-like dilatations, *c.c.c.*
d. Adherent Fallopian tube of opposite side.
e. Posterior wall of the vagina.

Fig. 3.

Fig. 1.

Fig. 2.

Fig. 4

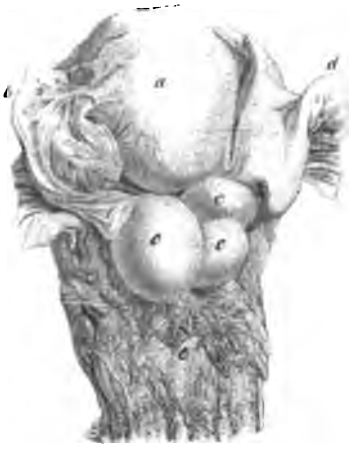


PLATE LIV.

FIGURE II.

Carcinoma Uteri.

Original drawing from a preparation of the Gynæcological Clinic in Berlin, 1870).

The whole uterus, especially round about the internal uterine orifice invaded with cancer. The cervical canal is closed, the uterine cavity is distended with a brownish mucus. The wall of the bladder is also infiltrated with cancerous growth.

FIGURE I.

Adenoma Uteri.

(*After Schröder, Adenoma of the Uterus. Zeitschrift für Geburtshülfe und Gynækologie*, band i. 1877, s. 189).

The glands seen in horizontal section have walls with cylinder epithelium.

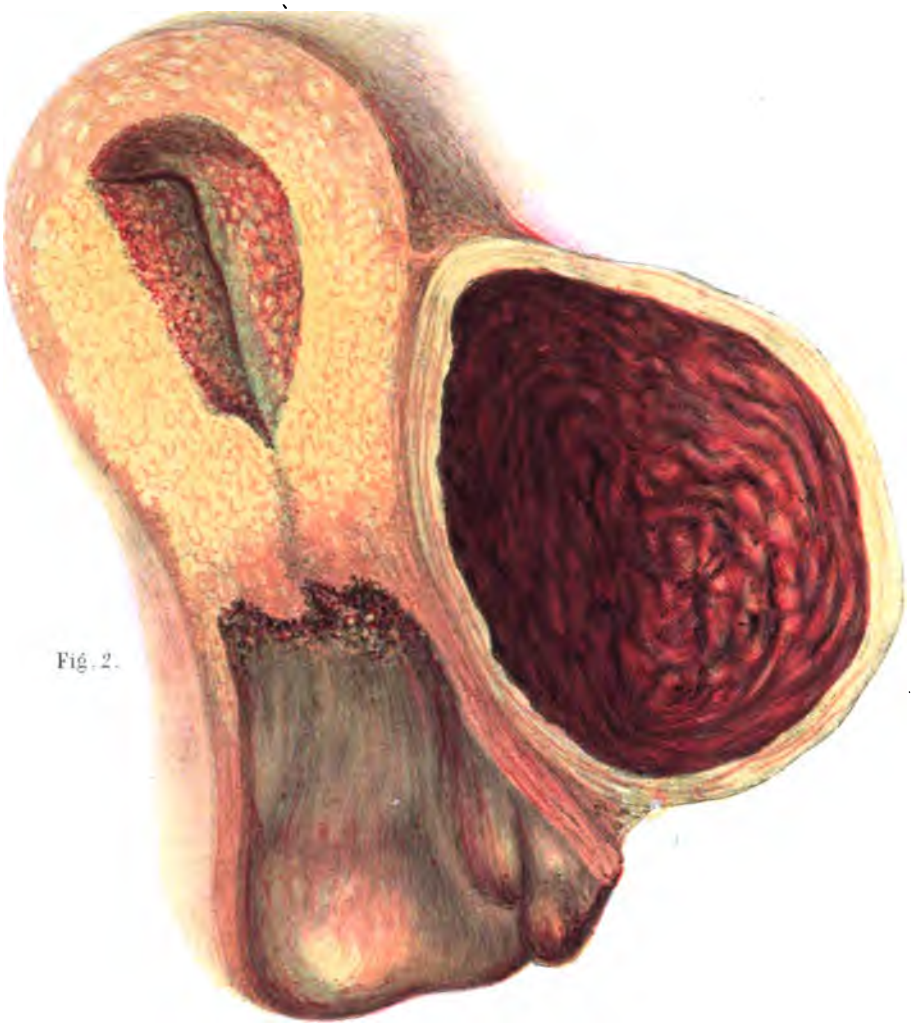


Fig. 2.

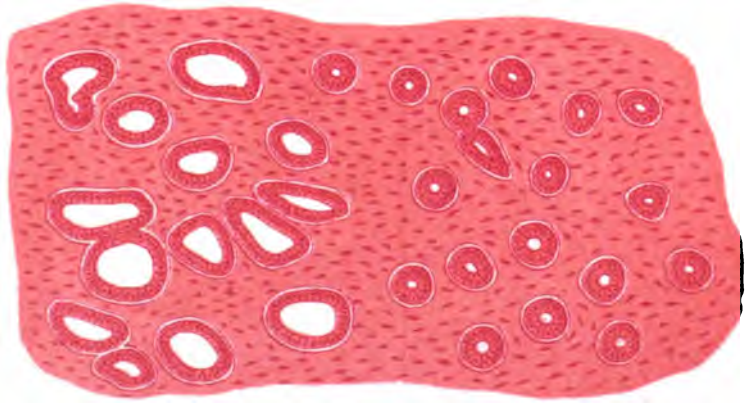


Fig. 1.

PLATE LV.

FIGURE I.

Polypoid Adenoma of the Uterus.

(*After Schröder, op. cit*).

VERTICAL SECTION THROUGH THE WHOLE TUMOUR. (LIFE-SIZE).

a. Pedicle.
b. A tolerably large vessel running through the pedicle.
c. The pedicle ramifying inwards, displaying the stroma of the tumour. The dark parts between the ramifications of the stroma are clearly seen on the cut surface, some small some larger, and are cysts of the size of peas.
d. The lighter and more clearly striped part appears microscopically to be composed of solid connective-tissue and to be free from cysts, but small cysts of the same structure are to be seen by the microscope. The tissue itself has a myomatous character.

This portion as far as the next notch towards the left, is clothed with flattened epithelium. The remaining surface is covered with cylindrical epithelium.

FIGURE II.

Adenoma. Vertical section from the surface.

(*After Schröder, op. cit.*)

FIGURE III.

Adenoma. Section from the neighbourhood of the Pedicle.

(*After Schröder, op. cit.*)

At the left is the wall of a large cyst lined with cylindrical epithelium and an excrescence is seen projecting into it, which is also clothed with cylindrical epithelium.

The neighbourhood of this and the other cysts is surrounded by connective-tissue. To the extreme right is the smooth muscular structure of the pedicle with rod-shaped nuclei.

FIGURE IV.

Adenoma. Longitudinal section from surface.

(*After Schröder, op. cit.*)

Gland tubules, apparently solid, but some of which are seen to have a small lumen. Also glands (*a.*) with their lumens occluded by pale glistening fatty particles of irregular shape. (Altered epithelium).

Fig. 3.

Fig. 2.

Fig. 4.

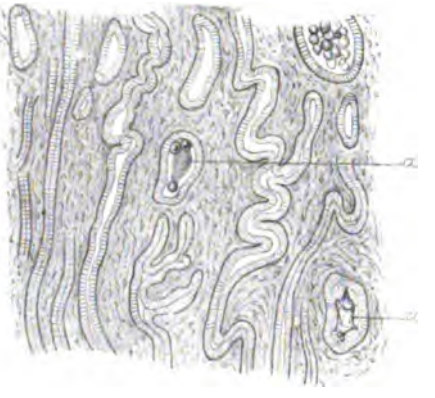


Fig. 1.

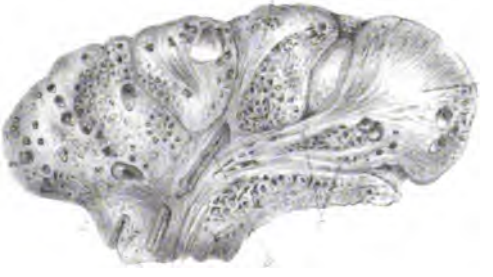


PLATE LVI.

FIGURE I.

Diphtheritic Endometritis in a woman who died, 14 days after delivery of a dead child, from Uterine Phlebitis. Retention of a portion of Placenta.

(One-third Life-size).

(*After Cruveilhier, op. cit.*, book iv. p. 6).

a.a.a. Tumefied inner surface of the uterine cavity covered with exudation.
b.b.b. Raised placental site.
c.c.c.c.c. Veins filled with thrombi and detritus.
d.d. Infiltration of blood round diseased veins.

FIGURE II.

Thrombosis of the Veins in the Uterus and Broad Ligaments of the preparation drawn in Fig. 1, from within.

(*After Cruveilhier, op. cit.*)

a.a. Round ligaments.
b.b.b. Blood clots in the opened veins.
c.c.c. Veins filled with ichorous thrombi.

FIGURE III.

Inflammation of the Lymphatics of the Uterus of a puerperal woman.

(One-third Life-size).

(*After Cruveilhier, op. cit.* bk. xiii.)

a.a. Kidneys.
b. Inferior vena cava.
c. Aorta.
d.d. Ureters.
e. Rectum.
f. Posterior surface of the uterus drawn out.
g.g.g. Lymphatic vessels underneath the peritoneal covering of the uterus seen filled with pus.
h.h.h.h. Lymph cavities and vessels laid open.
i.i.i. Exudation masses on the swollen ovaries.
k.k. Distended lymphatics, in the course of the vasa spermatica, filled with pus.
l.l. Lymphatic glands.

FIGURE IV.

Chronic Inflammation with thickening of the Cervical Mucosa. Collum Tapyroides. Ectropion of the lips of the Os Uteri.

(*After Boivin and Dugès, op. cit.*)

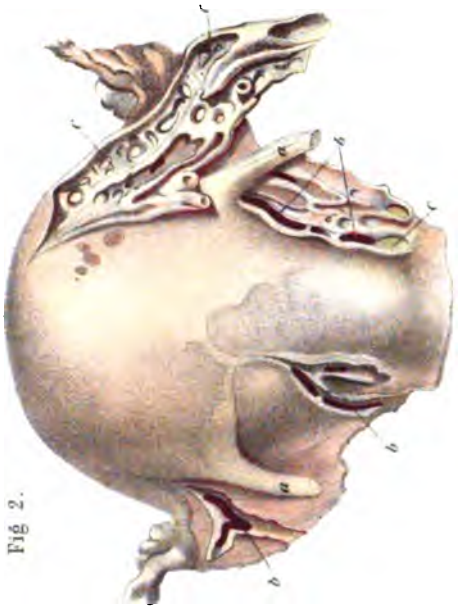


Fig. 2.

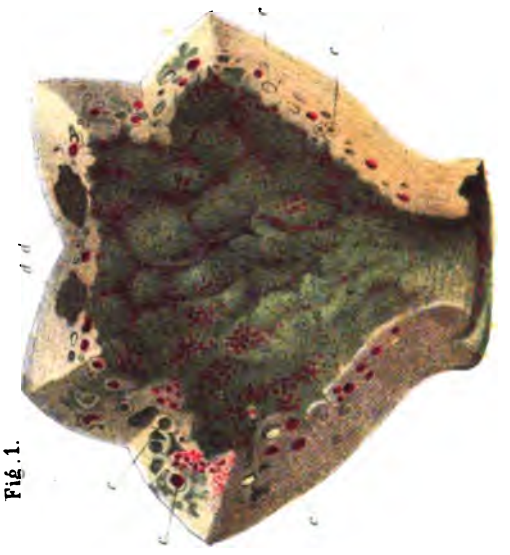


Fig. 1.

Fig. 4.

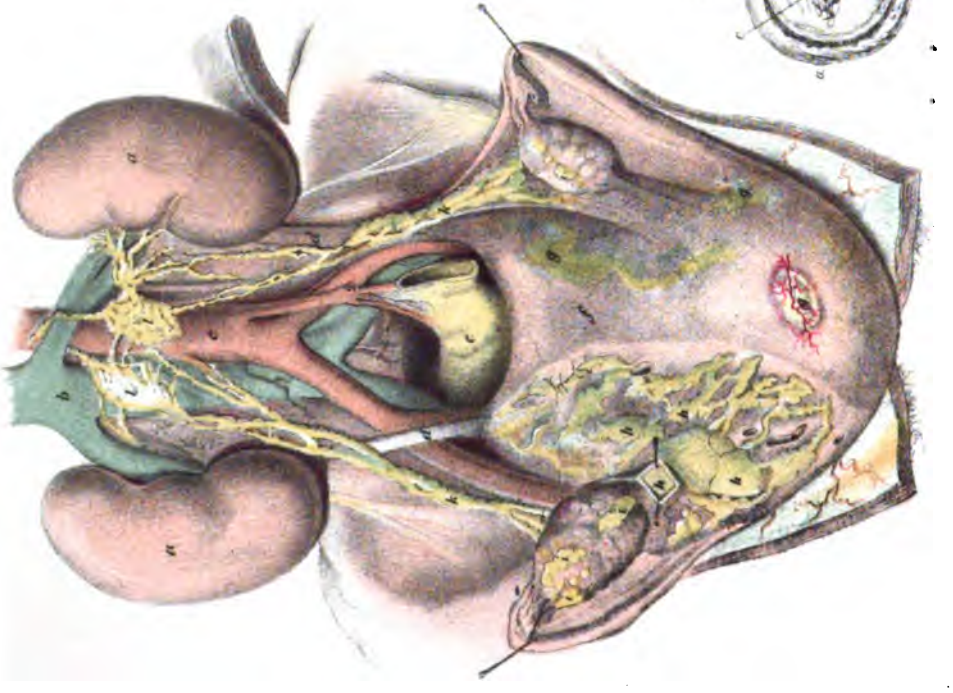


Fig. 3.

PLATE LVII.

FIGURE I.

Posterior surface of a Puerperal Uterus with Inflammation of the Lymphatics, Fallopian Tubes and Ovaries.

(ONE-THIRD LIFE-SIZE).

(*After Cruveilhier, op. cit.* book xiii.)

a.a.a. The lymphatic vessels distended with pus, seen through the peritoneal covering.
b.b.b. The lymphatic cavities laid open after removal of the peritoneum.
c.c.c. Divided lymphatic vessels distended with lymph thrombi.
d. Unimplicated vein cut through.
e.e. Inflamed Fallopian tube.
f. Section of the left Fallopian tube thickened, and shewing its purulent contents.
g.g. Ovaries enlarged by infiltration and covered with purulent exudation.

FIGURE II.

Section of an Ovary from Fig. 1.

(*After Cruveilhier, op. cit.*)

FIGURE III.

Section of a serous infiltrated Ovary, as it is frequently seen in Metro-lymphangitis.

(*After Cruveilhier, op. cit.*)

FIGURE IV.

Softened Ovary in Puerperal Metro-lymphangitis.

(*After Cruveilhier, op. cit.*)

FIGURE V.

Lymphangitis and Thrombosis of the Veins of the Uterus in a woman who died 15 days after delivery.

(*After Cruveilhier*, book xiii.)

(HALF LIFE-SIZE).

a.a.a. Lymphatic vessels filled with pus seen through the peritoneum.
b.b.b.b. The lymphatics uncovered after removal of the peritoneum.
c.c. Lymphatic cavities.
d. Diseased lymphatic glands.
e.e. Thrombi in the veins behind the placental site.
f. Ureters.
g. Kidneys.
h.h. Fallopian tubes.

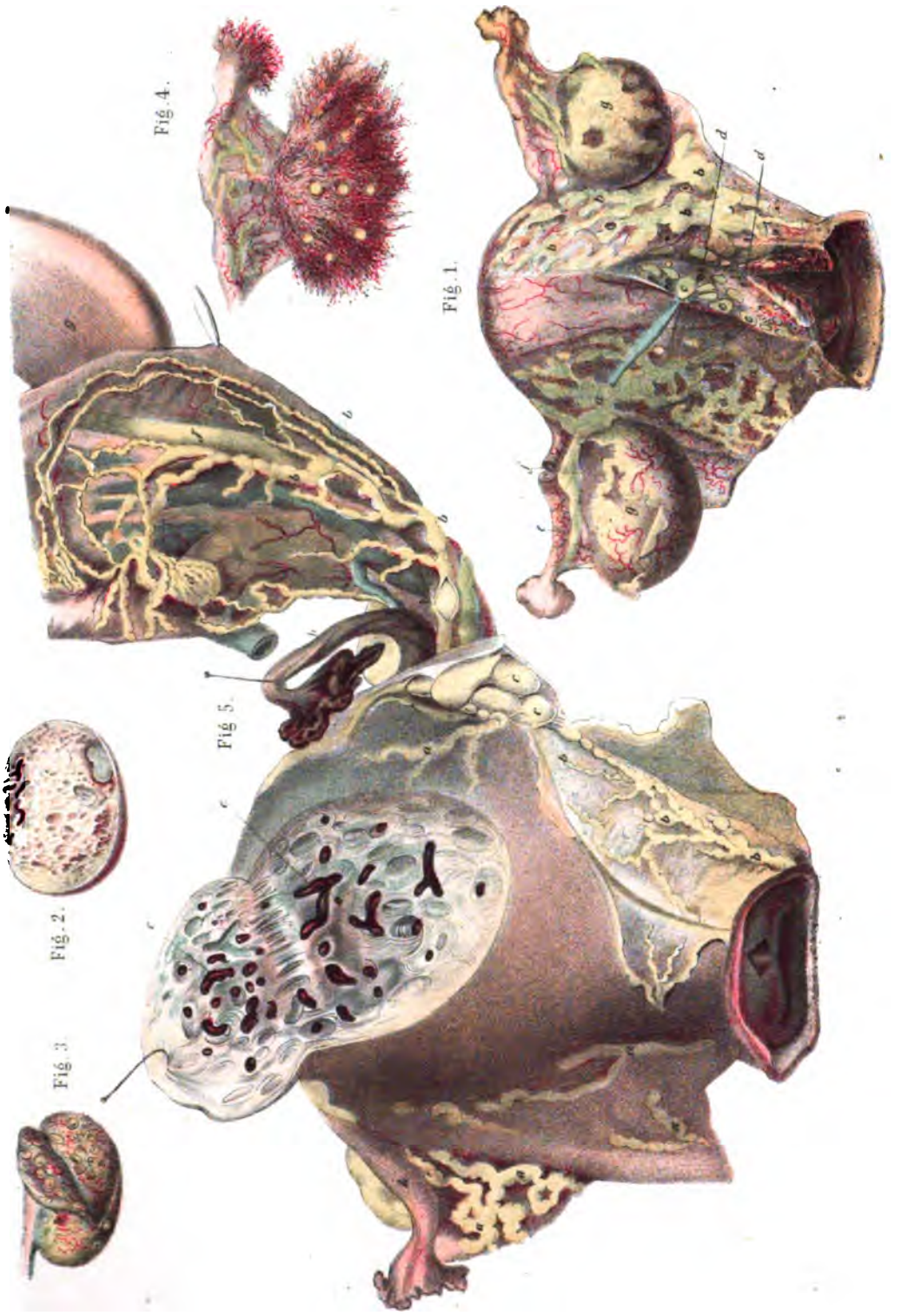


Fig. 4.
Fig. 1.
Fig. 5.
Fig. 2.
Fig. 3.

PLATE LVIII.

FIGURE I:

Simple Erosion.

(*After C. Ruge and J. Veit, The Pathology of the Vaginal Portion. Zeitschrift für Geburtshülfe und Gynækologie*, band ii. 1878, s. 415).

The eroded surface is universally covered with a soft simple cylinder-epithelium, which rests upon an irregularly-formed basement. The external appearance is that of papillary projections alternating with smaller points, all evenly covered with cylindrical epithelium. The size of the papillary protruberances much exceeds that of the normal papillæ. The epithelium itself presents varieties in size according to its position on the protruberances. Whilst on the surface it is short and non-ciliated, it becomes more delicate and longer in the depressions, and the nuclei are nearer the bases of the cells. The stroma of the papillary projections was apparently full of nuclei and vessels. The border between cylinder- and pavement-epithelium is well defined. The basement cylindrical layer of the Rete Malpighi becomes larger and clearer, and furnishes the epithelium which covers the new growth.

FIGURE II.

Microscopic appearance of foregoing Figure. To the right, the pavement epithelium remains intact; to the left, it is beginning to shew glandular depressions.

Through the deeper growth of the epithelial layer originate smaller and longer glandular canals frequently ramifying backwards. They may become bulbous at their terminations and present on their inner surfaces secondary fine papillary projections covered with a fine tufted cylindrical epithelium. The apparently completely glandular structure, whose further development into follicles occurs by segmentation of the more follicular forms, is not, as far as can be seen connected with excretory ducts.

FIGURE III.

Follicular Erosion.

(*After C. Ruge and J. Veit, op. cit.*)

The anterior lip shews the projections springing from the follicles, whilst the posterior lip, with the velvety projecting points, presents the more papilliform aspect of the disease. For the microscopical appearance, see Plate xix. Fig. 7.

FIGURE IV.

Ulceration of the vaginal portion of the Cervix and posterior vaginal Cul de sac.

(*After C. Ruge and J. Veit, op. cit.*).

The connective-tissue beneath the ulcer presents a well-developed minute-celled infiltration. The pavement-epithelium of the vagina is still intact here and there; at one part it looked as if it were raised by a blister, at another it had disappeared. Glands penetrated deeply into the connective-tissue.

Fig. 2.

Fig. 3.

Fig. 4

Fig. 1.

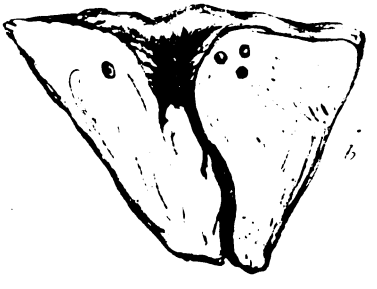


Fig. 5. *a*

E. Martin's Hautatlas. II. Aufl. v. A. Martin.

Alb. Schultze, Lith. Inst. Berlin

PLATE LVIII.—*(Continued)*.

FIGURE V.

Non-scirrhous vaginal portion.

(*a.* Seen from below, *b.* from transverse sections).

(*After C. Ruge and J. Veit, op. cit.*)

The external surface smooth. In the cervical canal numerous edges and borders of irregular shape, partly of a hard cartilaginous consistence. Microscopically the connective-tissue appeared interspersed with newly-formed glands. The epithelium was pavement-epithelium which sent out irregular thickened conical prolongations into the connective-tissue which was arranged in stripes.

PLATE LIX.

FIGURE I.

Ectropion of the Cervical Mucous Membrane.

(*After C. Ruge and J. Veit, op. cit.*)

Glandular depressions are present beneath the surface which is covered with cylindrical epithelium. They have small follicular formations. The tissue is full of nuclei and appears limited between the large masses of glands.

FIGURE II.

Microscopic section of a Papillary Erosion.

(*After C. Ruge and J. Veit, op. cit.*)

The papillæ are differentiated by the depth of the glandular depression.

FIGURE III.

Clinically a suspicious, microscopically a non-malignant vaginal portion of the Cervix.

(*After C. Ruge and J. Veit, op. cit.*)

The vaginal portion was irregularly conical with apparently a double posterior lip, from which protruded, like a tumour, through the open cervical canal, a mass as large as a hazel nut. The mucous membrane presented cock's-comb-like folds. The external surface was covered with cylindrical epithelium. Numerous depressions of the epithelium in process of development. The connective-tissue abundantly nucleated. In and around the vessels which pass undivided close under the epithelium are scattered well developed nuclear proliferations. The connective-tissue is traversed by large, long gland tubules.

FIGURES IV., V., VI.

Commencing Cancer in a prolapsed Portio Vaginalis.

(*After C. Ruge and J. Veit, op. cit.*)

Representations of the same preparation in figs. 4 and 5, of which the first has been inadvertently retained.

The erosion is not deep and consists of warty (cock's-comb-like) protruberances.

FIGURE VII.

Microscopic appearance of Figure 3, Plate lviii.

Numerous segmentations of the glandular depressions, with the follicular formations therefrom. They are large and proliferate between the bands of connective tissue.

Fig. 2.

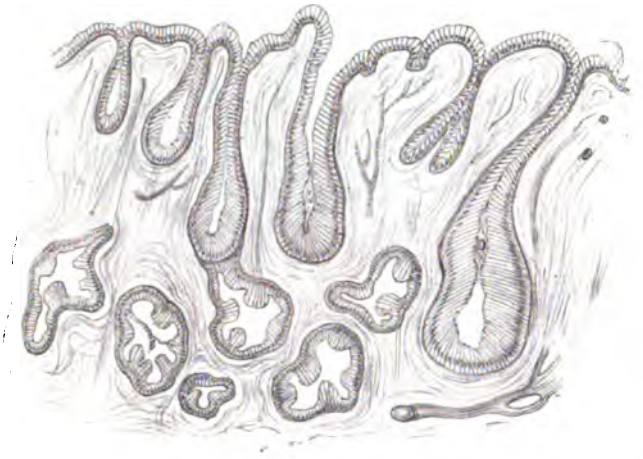


Fig. 5.

Fig. 3.

Fig. 1.

Fig. 6.

Fig. 4.

Fig. 7.

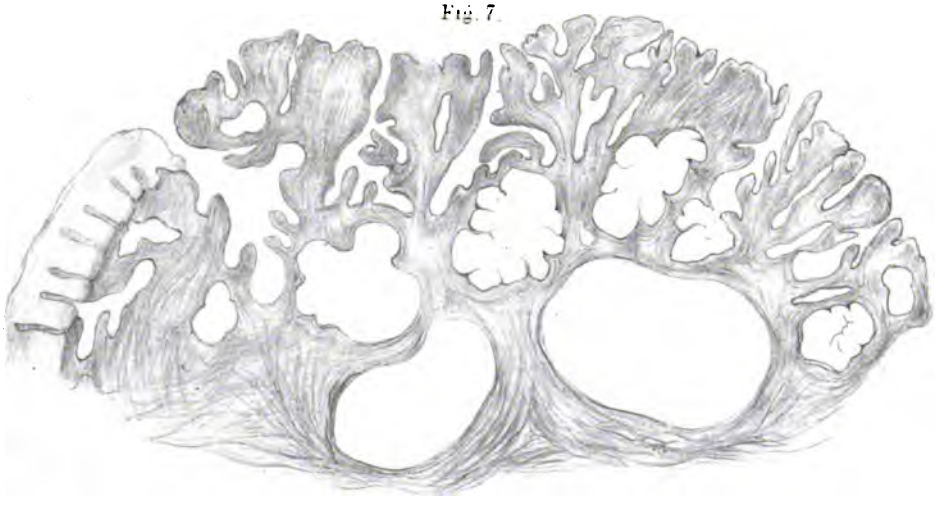


PLATE LX.

FIGURE I.

Circular rupture of the Cervix and expulsion of the Portio Vaginalis.

(*After C. Staude, A Case of Circular Rupture of the Cervix with expulsion of the Portio Vaginalis during Labour. Beiträge zur Geburtshülfe und Gynæcologie der Gesellschaft für Geburtshülfe zu Berlin*, band i. 1872, s. 144.)

(SEEN FROM ABOVE).

The separation occurred spontaneously by a sudden powerful pain, after about 24 hours' labour, after warm water had been injected into the vagina on account of rigidity of the os uteri. The cervical rupture healed without any complications.

The annular flat surface of the preparation has a transverse diameter of 11 centimeters, an extreme diameter through its thickness of from 5 to 6 millimeters, and in the centre is the round smooth-margined os uteri about the size of half-a-crown. The inner surface shews plainly the outlines of the arbor vitæ. Several long tags of uterine mucosa hang from the margin of the os uteri.

FIGURE II.

View of the above preparation from below.

The external surface is covered by smooth mucous membrane.

Fig. 1.

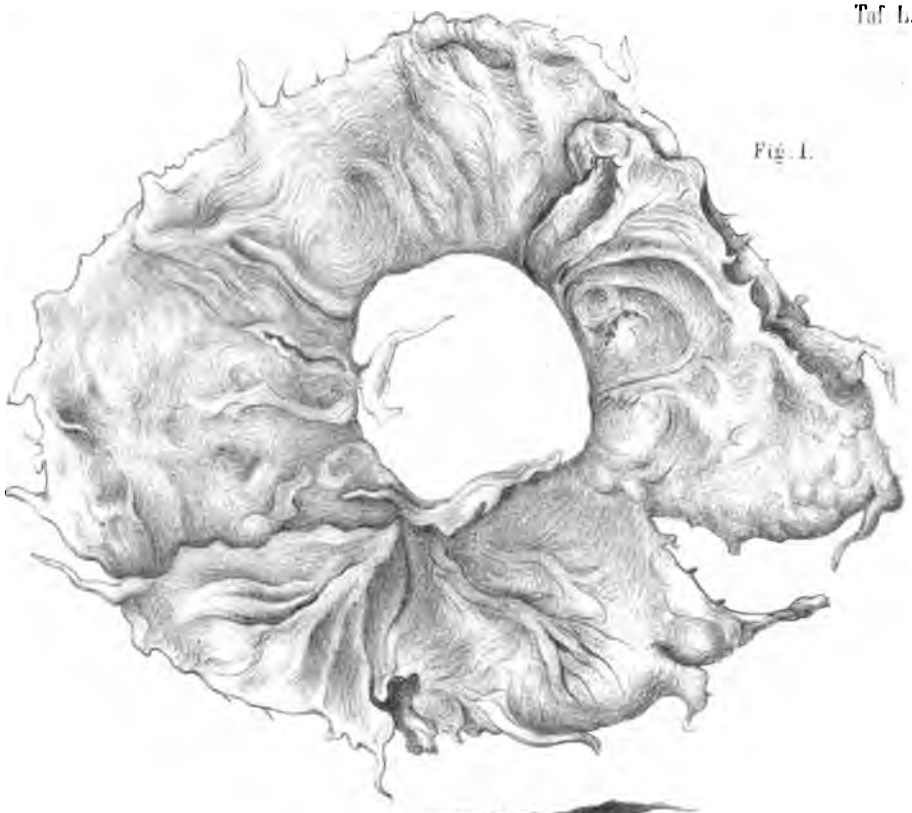


Fig. 2.

PLATE LXI.

FIGURE I.

Transverse rupture of the upper portion of the anterior cervical wall.

(*After Spiegelberg, Manual of Midwifery*, 1878, s. 605).

The rent occurred in a universally contracted flattened pelvis during the seventh labour, three hours after the liquor amnii had drained off. Face presentation over the iliac fossa, the lower extremities escaped through the rent into the abdominal cavity.

The rent passes close under the internal uterine orifice through the whole thickness of the anterior wall of the neck and part of the posterior and right side. On this side the serosa has remained over the sound passed in at *a*.

FIGURE II.

Longitudinal rent of the Cervix.

(*After E. Martin, Zeitschrift für Geburtshülfe und Frauenkrankheiten*, 1875, bd. i. s. 232).

The uterus of a woman who had had three children presents a multiple fibromyoma, one portion of which is included by the right side of the cervix. This portion had apparently developed rapidly. During labour (turning, forceps, and finally perforation and cephalotripsy) a longitudinal rupture took place in the left side of the cervix opposite the tumour. The folds of the broad ligament were divided and a communication formed between the abdominal and cervical cavities.

Underneath the serosa several myomas of the size of cherries are seen in the anterior wall of the body of the uterus.

Fig. 2.

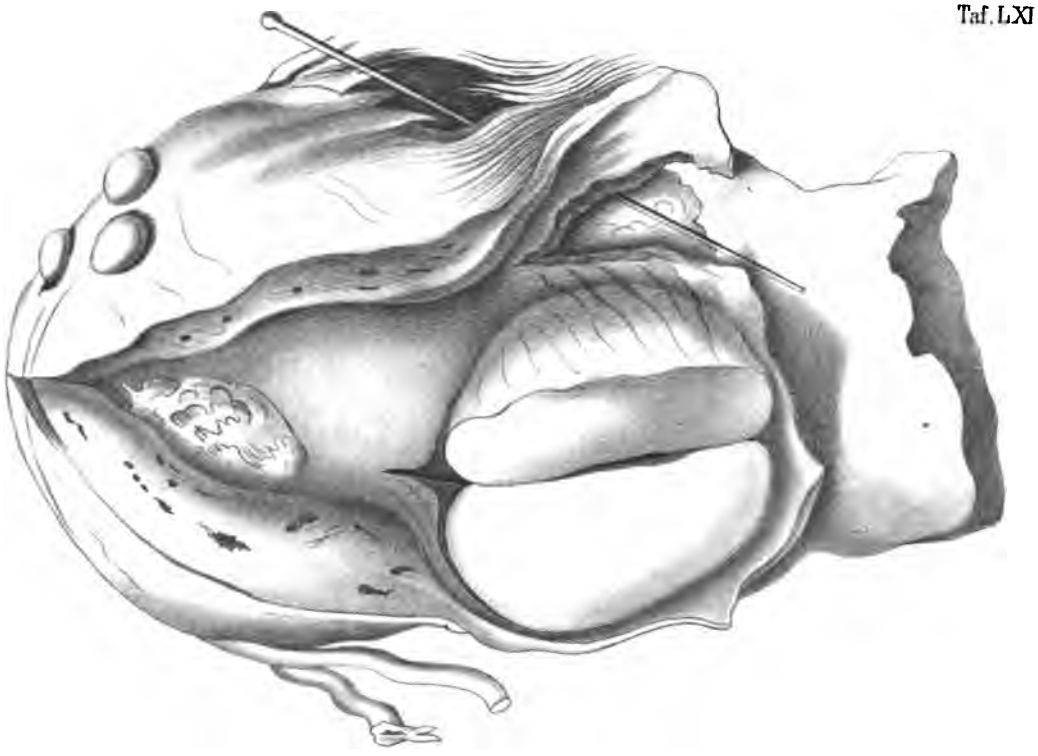


Fig. 1.

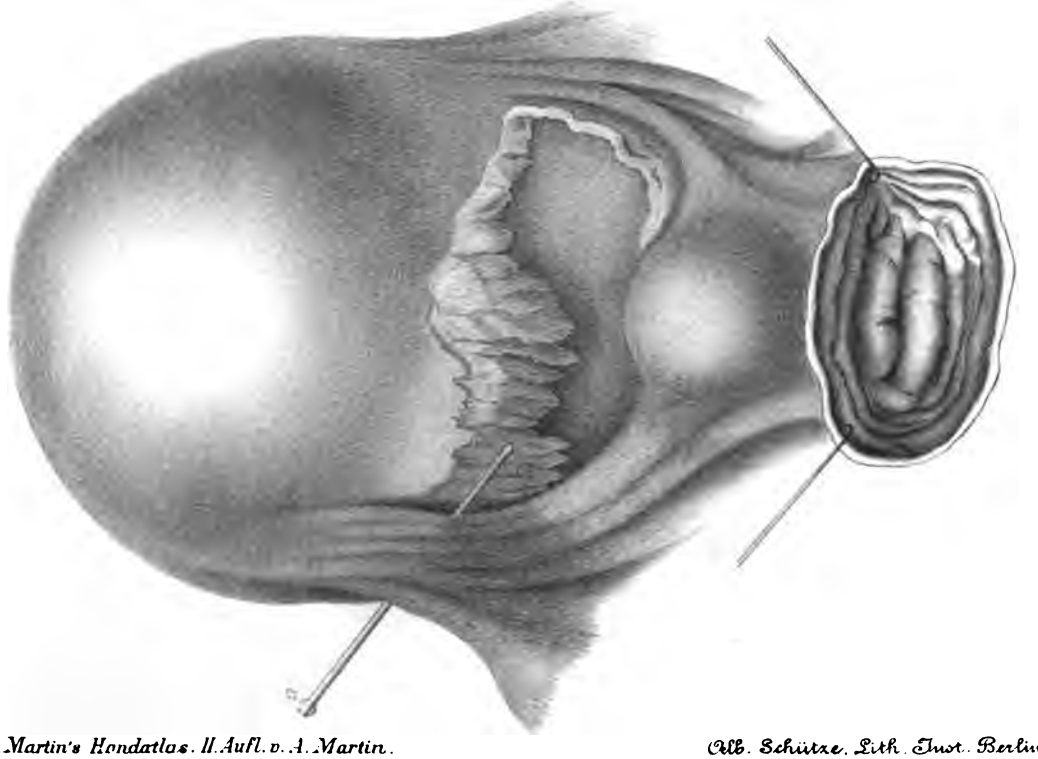


PLATE LXII.

FIGURE I.

Dropsy of the Fallopian tubes.

(HALF LIFE-SIZE).

(*After R. Froriep, Anatomico-pathological Drawings, Weimar*, 1836, pl. iv.)

a. Cervix uteri.
b. Uterine cavity.
c.c. Round ligaments.
d. The left ovary, occluded inwards, laid open.
e.e.e.e. The cavernous dilatations of the left ovary, laid open.

FIGURE II.

Tuberculosis of the Fallopian tubes and the mucous membrane of the uterine cavity, in a young girl who died of Pulmonary Tuberculosis. The peritoneum appeared free from tubercles. In another part, the original presents a hæmorrhage (from a phagedœnic ulcer?) at the disintegrated vaginal portion.

(HALF LIFE-SIZE).

(*After Cruveilhier, op. cit.* book 39).

a. The left Fallopian tube, dilated in its outer half, and filled with a white cheesy mass. The Fimbriated extremity was occluded.
b. Right Fallopian tube more distended than the left; both ends patent.
c.c. Ovaries.
d. Uterine cavity laid open with the mucosa infiltrated with tubercles.

FIGURE IIB.

Right Fallopian tube of Fig. 2, slit open longitudinally.

(*After Cruveilhier, op. cit.*)

a. Unusually developed longitudinal folds of mucous membrane, with tuberculous masses scattered over it.

FIGURE III.

Pregnancy in right Ovary.

(RATHER LARGER THAN HALF LIFE-SIZE).

(*After Williqk, Prager Vierteljahrschrift*, 1859, band 3, s. 85).

The ovum is about three months old.

a.a. The anterior uterine wall eight centimeters long.
b.b. The wall of the uterus 2·6 centimeters thick.
c. The mucous membrane developed into a finely-tufted decidua.
d.d. The round ligaments.
e. The right ovary protruded through the anterior layer of the broad ligament.
f. The occluded right ovary.
g. The left Fallopian tube.
h. The fimbriated free end of the left Fallopian tube.
i.i.i. The sac of the ovum, 7 centimeters long, situated in the enlarged ovary, covered with the folds of the left broad ligament.

Fig. 3

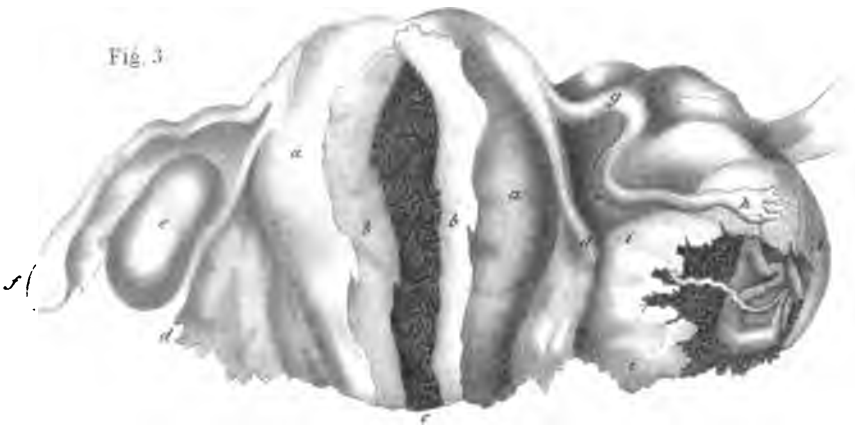


Fig. 2.

Fig. 2.b

Fig. 1.

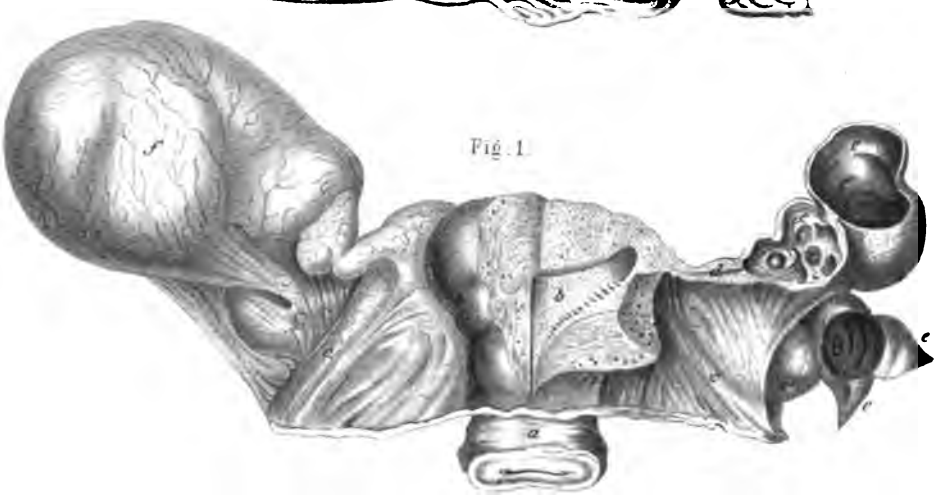


PLATE LXIII.

FIGURE I.

Ovarian Cyst with gelatinous (colloid) contents.

(HALF LIFE-SIZE).

(*After Cruveilhier, op. cit.*)

a. Uterus, drawn to the left.
b.b. Round ligaments.
c. Right Fallopian tube.
d. Right ovary atrophied.
e. Elongated left Fallopian tube.
f. Left ovarian ligament.
g.g.g.g. Ovarian cyst.
h.h.h.h. Prominent transparent cyst.
i.i. Evacuated colloidal matter.
k k. Distended veins running along the wall of the cyst.

FIGURE II.

The same Cyst as in Fig. 1, opened in several places.

(*After Cruveilhier, op. cit.*)

A. Uterus.
b.b.b.b. Colloidal mass protruding from the cyst.
c.c.c. Patches of blood in the cyst wall.
d. Larger non-ramifying vein in the cyst wall.
e.e.e. Venous networks on the external surface of the cyst.
f. Cysts in the cyst wall, in areolar arrangement.

Fig. 1.

Fig. 2.

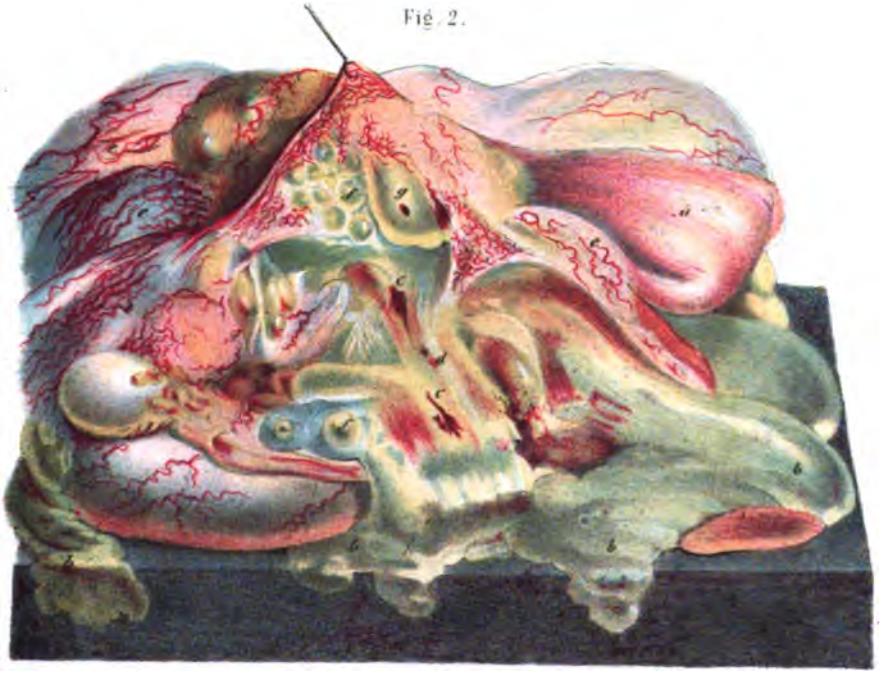


PLATE LXIV.

FIGURE I.

Dermoid Cyst. Fat- and Hair-cysts with pieces of bone and teeth from an Ovary.

(ONE-THIRD LIFE-SIZE).

(*After Cruveilhier, Pathological Anatomy*, book xviii. pl. 4).

a. Fat- and hair-cysts.
b.b. Covering of the cyst, in which
c.c.c. Single hair-bulbs and
d.d.d. Abundant chalky deposits are present.
e. A larger chalk mass with alveolar margin and two teeth.

FIGURE Ia.

The Chalky-plate, shaped like Maxilla, bearing two teeth. Taken from the Fat- and Hair-cysts shewn in Fig. 1.

(LIFE-SIZE).

(*After Cruveilhier, op. cit.*)

a. Chalky plate, like maxilla.
b. Canine tooth.
c. Molar tooth.

FIGURE II.

Hair- and Fat-cyst of the right Ovary, as large as a fœtal head, with small colloid cysts. The Tumour had caused an incarceration of the Pelvic Viscera.

(ONE-THIRD LIFE-SIZE).

(*After Cruveilhier, op. cit.* pl. 5).

a. Mass of tangled hair of some length, set free from fat by alcohol.
b. Hair bulbs in the cuticular tissue, which
c.c.c. Was developed at three prominences in the cyst wall.
d.d. Two horny excrescences from one of the cuticular spots.
e. Areolar colloid cyst with fat- and hair-cysts.
f. Sound, to raise up bridge of cuticular tissue.

FIGURE III.

Adenoid Tumour of the Breast.

(LIFE-SIZE).

(*After Birket, The Diseases of the Breast, London*, 1850).

a. Firm fibrous tegument.
b. The hypertrophic gland substance; the terminal dilatations of which were filled with epithelium.

Fig. 1 a.

Fig. 2

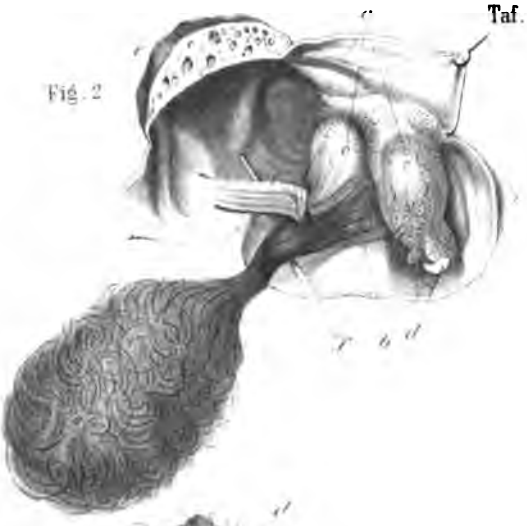
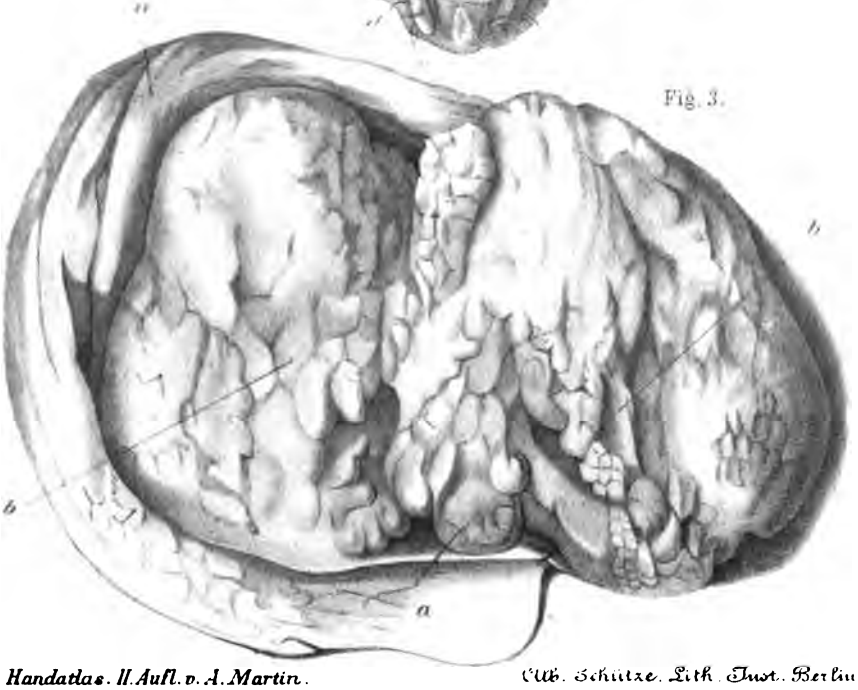


Fig. 1

Fig. 3.



Ulb. Schultze. Lith. Inst. Berlin.

PLATE LXV.

FIGURE I.

Cancer of the Breast with cancer-tubercles in, and under, the skin of an old woman aged 83.

(*After Cruveilhier, op. cit* book 27).

a. Right mammary gland degenerated.
b. Left nipple degenerated.
c.c.c. Cancerous tubercles in the skin varying in size from a pea to a cherry.
d.d. Cancerous tubercles in the sub-cuticular and muscular structures.

FIGURE II.

Carcinoma of the Breast with retraction of the Nipple.

(*After Birket, The Diseases of the Breast, London*, 1850, pl. ix.)

FIGURE III.

Compound mammary hæmatocyst. (Removed from an old woman).

(*After Virchow, Morbid Tumours*, band i. 1863, fig. 50).

a. Nipple.
b. Fibrous indurated and shrivelled portion of the gland.
c. Glandular tissue still remaining, but chiefly seen with dilated vesicles, round which, and in which, the cystoid cavities are present, partly as large round open sacs, partly as fine longitudinal fissures. The contents consisted of a brownish fluid, from which numerous rusty concretions had become universally attached to the wall. Also by microscopical examination, numerous granular brown pigment infiltrations into the partly sclerosed cartilaginous cyst wall of the larger sac.

FIGURE IV.

Compound proliferating cystoid of Female Breast with serous contents.

(*After Virchow, op. cit.* fig. 51).

O. External integument, beneath which are three larger cysts, which have merged by progressive atrophy of their septa. Other shelf-like prominences are seen on the walls of the three cysts, and are remains of septa which previously subdivided them before their coalescence.
g.g. Remains of original glands, compressed and indurated. At *g'* the remains of the glandular parenchyma are more clearly seen, which partly extend into the neighbouring cyst and penetrates it as far as *c.c*.

Fig. 2.

Fig. 3.

Fig. 4.

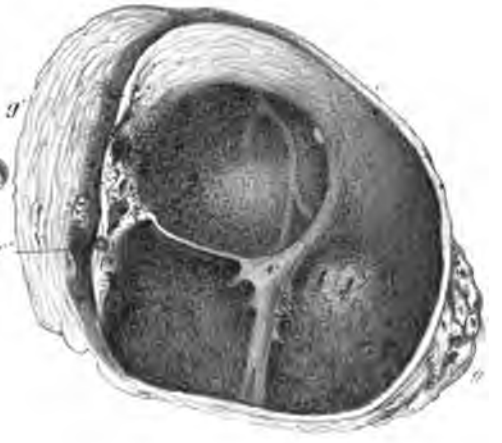
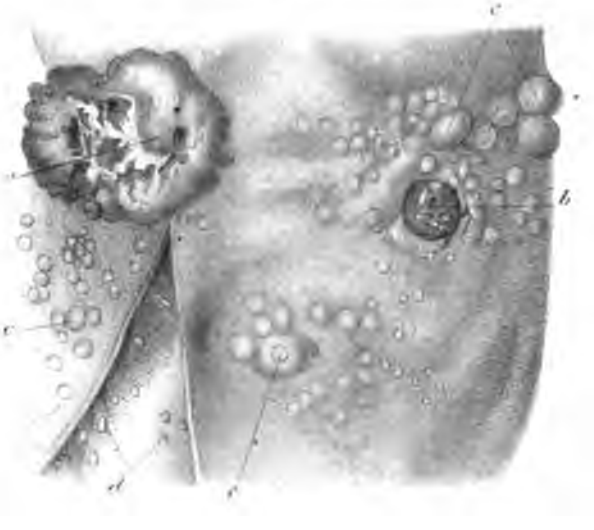


Fig. 5.

Fig. 1.



E. Martin's Handatlas. II. Aufl. v. A. Martin.

Ub. Schütze. Lith. Inst. Berlin

PLATE LXV.—(*Continued*).

FIGURE V.

Diffused arborescent intracanalicular myxoma of the Mamma.

(*After Virchow, op. cit.* fig. 86).

The lower portion seems to be quite solid and thick, but certain lobulated structures are recognisable, which in the section correspond with the masses which have grown together and completely fill the lactiferous ducts. Above, larger gaps are seen between the walls of the lactiferous dilatations and the intra-canalicular excrescences, which last are easily recognised as such, and stand out clearly in their relation with the tissue of the cyst wall. At the upper part is a larger ectasia laid open. The warty excrescences at its termination appear more isolated.

PLATE LXVI.

FIGURE I.

Bladder-mole, from a secundipara aged 39, at the fifth month of pregnancy. It was expelled with great difficulty, hæmorrhage, &c.

No ovum was found in the cavity which was filled with brownish fluid.

(Half Life-size).

(*Original drawing*).

a.a.a. Decidual covering.

b.b.b. Cysts on the surface protruding through the decidual membrane.

FIGURE II.

Bladder-mole from a woman, aged 28, delivered four times at the eighth month, opened, so that the grape-like bladders protrude.

(One-third Life-size).

(*After Boivin, New Researches on the Origin of the Vesicular Mole, Paris*, 1827. *Obstetric Demonstrations, Weimar*, 1828, part 9).

FIGURE III.

Internal surface of the cavity of the Ovum with the Chorion-villi degenerated into cysts, after opening of the bladder-mole, expelled by a woman aged 24 years, primipara, at the seventh month of the pregnancy.

(One-third Life-size).

(*After Cruveilhier, Pathological Anatomy*, book i.)

a. Internal surface of the unusually firmly united amnion and chorion.

b. Remains of embryo hanging to a thin thread.

FIGURE IV.

Hypertrophied Œdematous Chorion-villi from a bladder-mole.

(*After H. Meckel, Verhandlungen der Gesellschaft für Geburtshülfe in Berlin*, ii. jahrgang, 1847, s. 133, tafel 2, fig. 5).

FIGURE V.

Hypertrophied œdematous terminal ramifications of the Chorion-villi from an Ovum the size of a hazel-nut. (Microscopic).

(Two-thirds Life-size).

(*After Gierse, Verhandlungen der Gesellschaft für Geburtshülfe in Berlin*, ii. Jahrg. 1847, s. 133, taf. 3, fig. 13).

a. Epithelial covering of the chorion-villi.

b. Connective-tissue.

c.c. Network spaces filled with serum.

d. Nuclei of the cells.

Fig. 4.

Fig. 5.

Fig. 3.

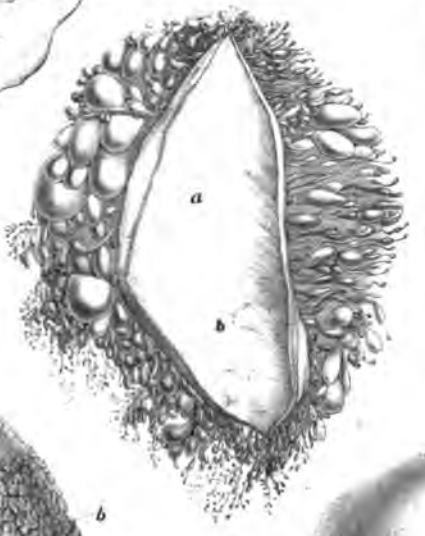


Fig. 2.

Fig. 1.

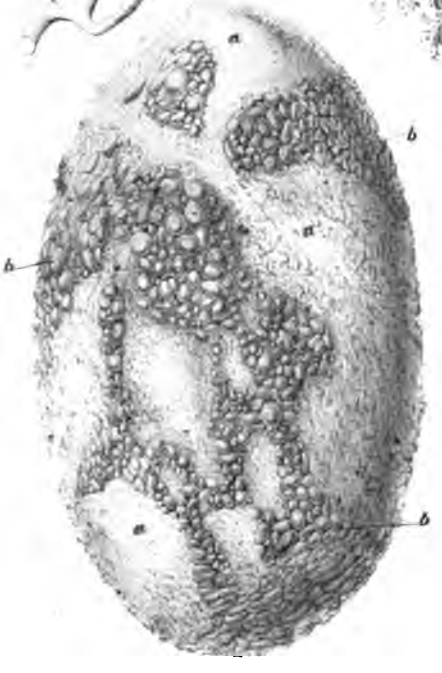


PLATE LXVII.

FIGURE I.

Microscopic section of a Mammary Cancer.

(*Carcinoma simplex, Waldeyer*). (*After H. Beigel, Atlas of Diseases of Women, Stuttgart*, 1876).

a.a.a. Connective-tissue stroma. Cancer stroma.
b.b.b. Cancer bodies with cancer cells.
b. Cancer body with almost normal gland acinus near to it, from which growth it appears to proceed.
c.c. Separate normal acini with small lumens.
b. Lactiferous duct, shewing irregular proliferation and raising up of its epithelial cells with irregular branches. In the cancer bodies and proliferating glandular portions is seen an increased small celled infiltration of the stroma.

FIGURE II.

Arborescent Cystosarcoma of the Mamma.

(*After Virchow, op. cit.* fig. 166).

To the right is seen a portion of the dilated gland-duct perforated with cavities and ducts (beneath the nipple), in which scattered broad masses of sarcoma are developing from the interstitial tissue which externally merge, almost imperceptibly, into the surrounding fatty tissue. To the left is the deeper portion full of cavities and ducts, which are filled with large polypoid, often dendritic ramifying excrescences, which in the drawing are partly laid outside. To the left and above, is a large thick knot of lobulated structure, which presents towards the right some scattered foramina (divided ducts). Towards the left it is completely solid. This portion does not belong to the gland but spreads into its fatty capsule and the skin outside, which is in some places almost completely destroyed.

FIGURE III.

Placental villi.

(*After E. Fränkel, On Calcification of the Placenta. Archiv für Gynæcologie*, band ii. s. 373).

(Continued from figs. 2 and 4 of plate vii.)

a. Villous terminations with complete calcification of the capillary branches.
b. Non-calcified branch of villus with bulbar thickened termination, with abundant infiltration of round and spindle-shaped granulation cells. The epithelial covering has been removed by maceration in a solution of salt.

The drawing of the villous branch at *b.* corresponds with the condition found in congenital syphilis, also in the most frequent forms of fœtus sanguinolentus.

Fig. 1. Fig. 3. Taf. LXVII.

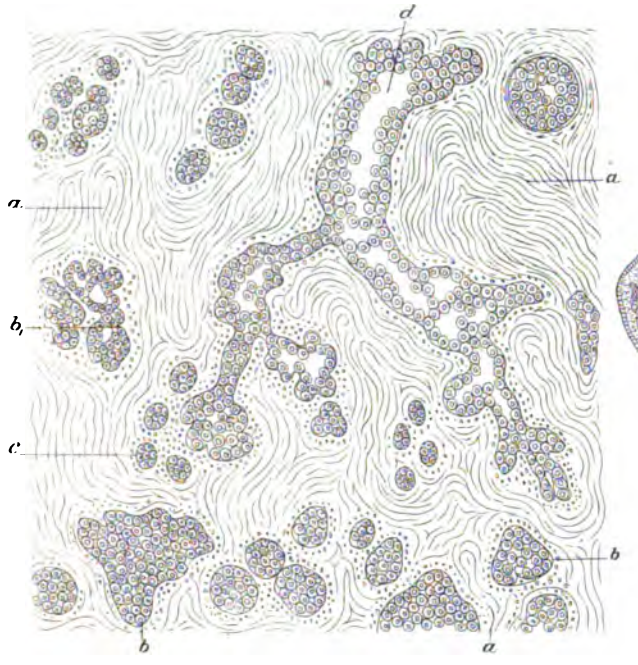


Fig. 4.

Fig. 5.

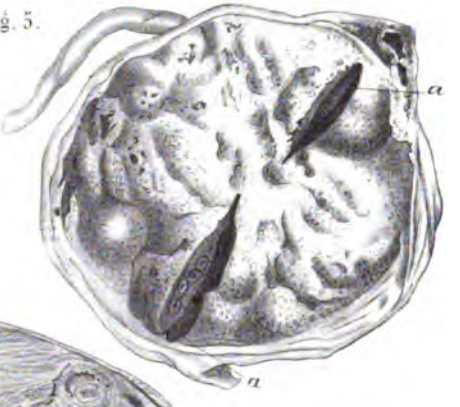


Fig. 2.

E. Martin's Handatlas. II. Aufl. v. A. Martin. Alb. Schütze, Lith. Inst. Berlin.

PLATE LXVII.—*(Continued).*

FIGURE IV.

External surface of Placenta with multiple blood effusions. Placental apoplexy.

(*After Cruveilhier, Pathological Anatomy*, book 16, p. 1).

a.a. Divided blood effusions in the cotyledons of the placenta.

FIGURE V.

External surface of a Placenta with the impressions of old and recent extravasations.

(Original Drawing).

a.a. Old extravasations with umbilicated depressions of the atrophied placental tissue.
b.b. Openings of old blood effusions in the cotyledons lying deeper under the surface.
c.c. Recent superficial coagula infiltrating the internal surface of the cotyledon.

PLATE LXVIII.

FIGURE I.

Seat of the Placenta at the Os Uteri. From the autopsy in a woman who died after 14 days' hæmorrhage with convulsions in the eighth month of pregnancy. Placenta prævia marginalis.

(HALF LIFE-SIZE).

(*After Jewel's Obstetric Plate*, no 1. *Accompanying Obstetric Demonstrations. Weimar*, part 9, 1828).

a. Vaginal cul de sac.
b. External os uteri.
c.c. Blood coagulum.
d. Bag of waters protruding through os uteri.
e. External surface of the separated placenta.
f. Placental site in the uterus turned back.

FIGURE II.

Seat of the Placenta over the Os Uteri, from the body of a woman who died from uterine hæmorrhage in the ninth month of pregnancy. Placenta prævia centralis.

(ONE-THIRD LIFE-SIZE).

(*After W. Hunter, Anatomy of the Gravid Uterus*, plate xii.)

a. The vagina.
b.b. The divided os uteri.
c.c. The placenta lying in front of the child's head.
d. The membranes.

Fig. 1.

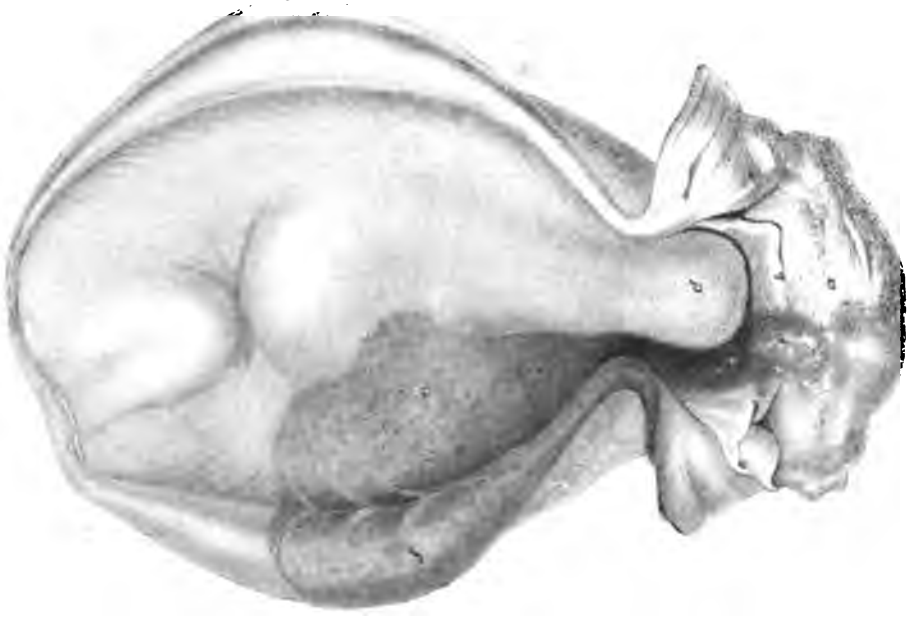


Fig. 2.

PLATE LXIX.

FIGURE I.

Double Placenta.

(*After Fr. Mauer, Diss. in. Cur uno ovo concepto placenta duplicata oriatur, Jenæ,* 1854, *c. tab.*)

a.a. The two halves of the placenta.
b.b. Uniting portion of the membranes.
c.c.c. Uniting umbilical vessels.
d. Funis.

FIGURE II.

Forked insertion of the Funis into the membranes at a distance from the Placenta.

a. Funis.
b.b.b.b. Umbilical vessels passing along the membranes separated from each other.
c.c. Rent in the membranes through which the fœtus escaped.
d.d. Inner surface of the placenta.
e.e. Outer border of the placenta.

FIGURE III.

Strangulation of the Funis occurring in prolapse of the Funis by unusual twisting of the umbilical arteries.

FIGURE IV.

Twisting and strangulation of the Umbilical Cords in twins.

(*After W. H. Niemeyer, Zeitschrift für Geburtshülfe,* i. heft. *Halle,* 1828).

Fig. 2.

Fig. 1.

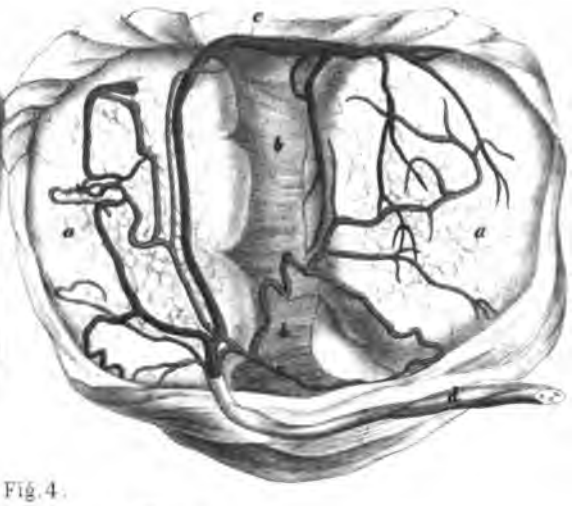


Fig. 4.

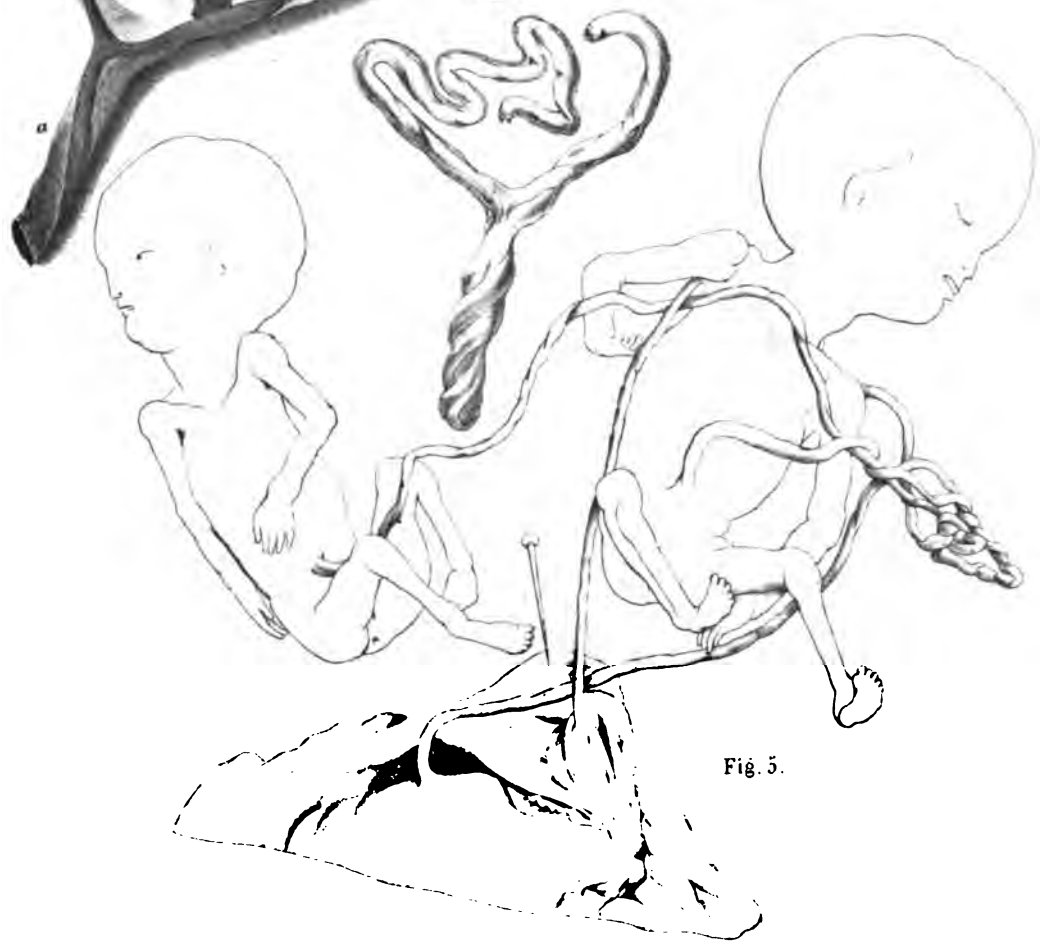


Fig. 5.

PLATE LXX.

FIGURE I.

Twisting of the Umbilical Cord.

(*After F. Hille, Fifteen Cases of Twisted Umbilical Cord. D. Marburg*, 1877, *Obs.* xi.)

(LIFE-SIZE).

The preparation is from a male embryo at the third month of gestation, and is mummified. The whole of the abdomen is swelled up as in a fœtus sanguinolentus. The long diameter of the body measures 10·4 centimeters. The funis measures 19·7 centimeters. The funis is twisted throughout with the exception of a portion 11 centimeters in length at the fœtal end. The twistings are so numerous through their whole extent that it is almost impossible to count them. There are probably about twenty twists.

FIGURE II.

Twisting of the Cord.

(*After F. Hille, op. cit. Obs.* ix.)

Male embryo at fifth month. Long diameter 16·2 centimeters. The fontanelles are plainly felt. The cranial bones very soft and easily squeezed together. The left foot is clubbed. The funis is twisted to the right and measures 24·7 centimeters. The placental end of the cord is much distended. There are three places at which twisting has occurred. The first is at the fœtal extremity of the cord. It is 2·3 centimeters long, 0·2 wide, and presents 5 turns. A second torsion is found at the lower third of the cord, 2·1 centimeters in length, 0·25 centimeters in breadth, with 5 turns. At this point it is continuous with a large ribbon-like untwisted portion of cord. At a distance of 1·9 centimeters from the placental end is a third twisted portion, the smallest, which only presents one turn. This only comes into view when slight traction is made on both ends of the cord.

FIGURE III.

Twisting and knotting of the Cord.

(*After J. G. Blume, Cases of Twisting and Strangulation of the Cord, Marburg*, 1869, *Obs.* ix.)

(LIFE-SIZE).

A three months male embryo. After passing along in front of the thoracic wall the cord suddenly makes a bend down to the left, and forwards, to pass round the right side of the neck from the original twist to the left. At this point there is a bag-shaped dilated swelling, compared with the ordinary diameter of the cord. The point where the turn occurs, which lies underneath the first complete coil round the neck, is characteristic by its distinct colour and tenuity in its thickness and breadth. From this point, however, the cord is twisted 4½ times round the neck of the embryo, and on closer inspection is markedly atrophied. It is to be noticed that in the relatively short extent of the third twist coil round the neck are six twists running from right to left, whilst in the whole remaining portion of the cord only one twist is seen and this does not belong to the coils round the neck.

Fig. 1. Taf. LXX.

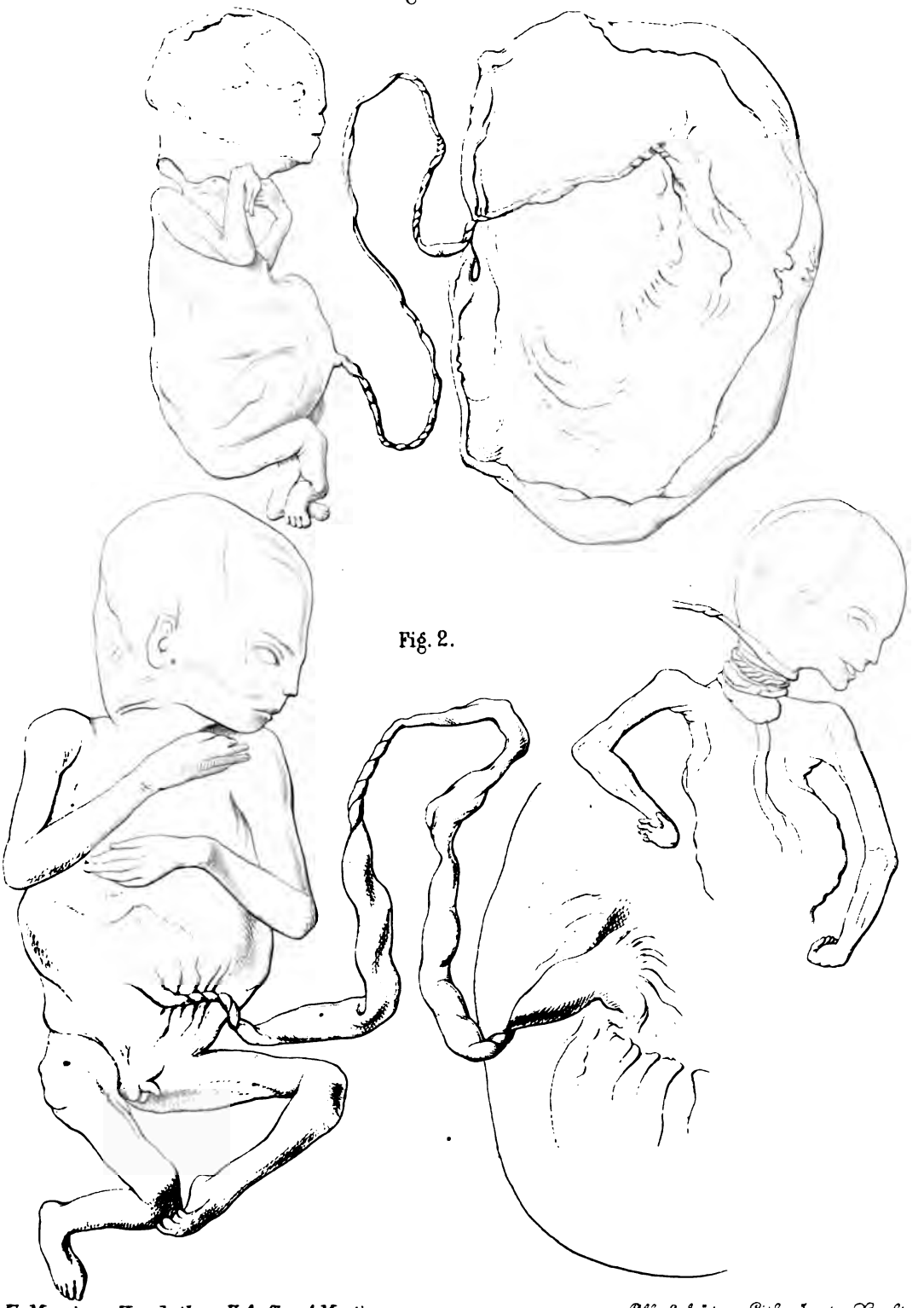


Fig. 2.

PLATE LXXI.

Placenta of twins with compressed Fœtus.

(*From a preparation in the Berlin Obstetric Clinic*).

a. Macerated female embryo, at about the 4th month of pregnancy.

b. The placenta of the other fœtus, a feeble male child, born alive at term.

c. Extravasation of blood in the placenta.

d. The membranes of the dead embryo which was originally in the same bag with the surviving fœtus.

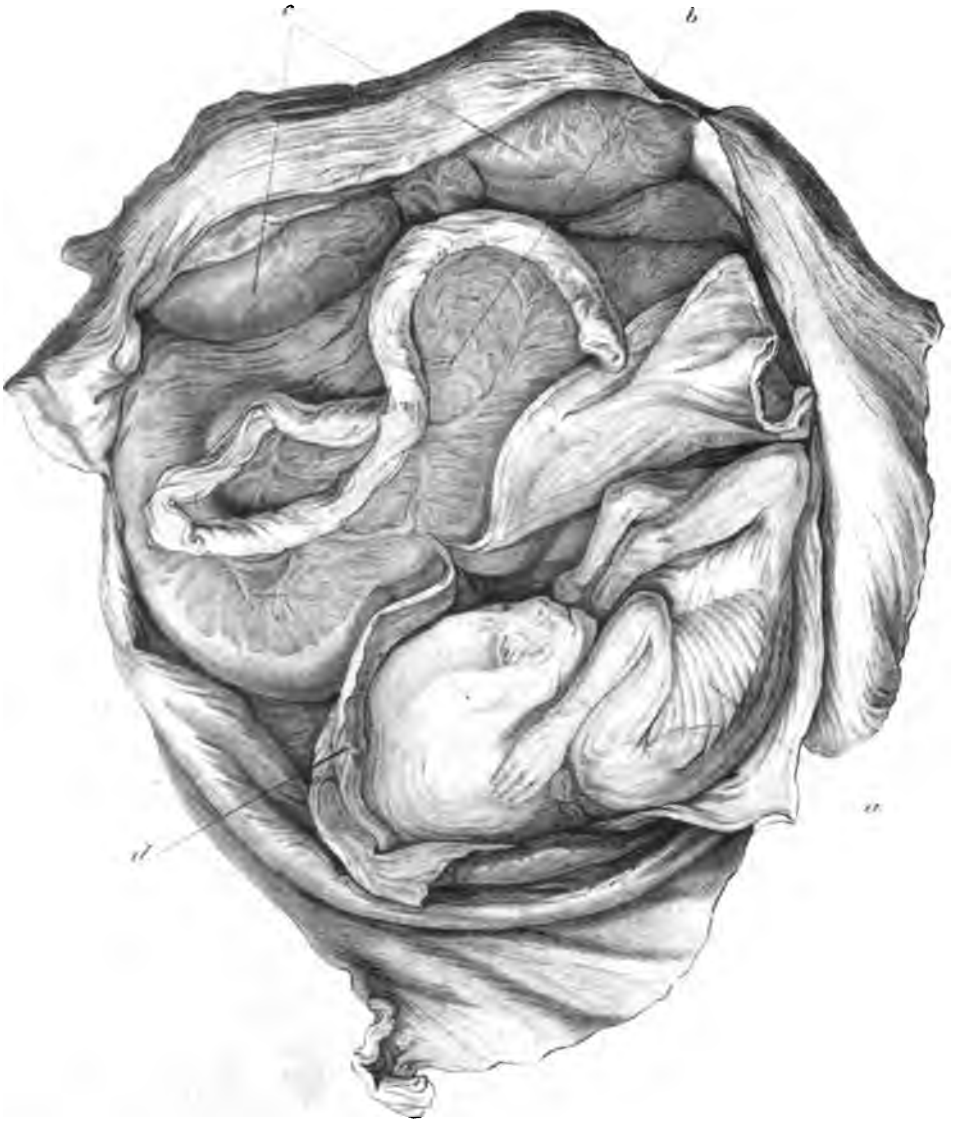

c
b
a
a

PLATE LXXII.

FIGURE I.

Abdominal cavity of a woman who had carried a Lithopœdion 22 years.

(One-third Life-size).

(*After J. G. Walter, Account of a woman who carried a Stone-child 22 years in the Abdomen, Berlin*, 1778).

a. The liver.
b. The round ligament of the liver.
c. Gall bladder.
d. Stomach.
e. The colon.
f. The jejunum.
g. The left leg of the lithopœdion.
h. The right leg.
i. The large omentum covering the back of the child.
k. A vessel springing from the large omentum and going to the umbilicus of the fœtus.
l. A second vessel running from the omentum to the fœtal umbilicus.

FIGURE Ia.

The Lithopœdion in Fig. 1, removed from the abdominal cavity.

(One-third Life-size).

(*After J. G. Walter, op. cit.*).

a.a.a. The incrusted integument drawn back.
b. The breast.
c. Right eye.
d. Right ear.
e. Black hairs of head.

FIGURE II.

Embryo which died from hæmorrhage during the fourth month of pregnancy in an uninjured Ovum. It became encrusted in the Ovum which was not expelled until the 6th month.

(*After Fr. Aem. Knopff. Diss. in. exhibens novum lithopœdii exemplum, Jenæ*, 1845).

FIGURE III.

A Lithopœdion which was carried in the Abdomen by a peasant woman during 40 years, although two normal pregnancies occurred.

(Half Life-size).

(*After W. Kieser, Lithopœdion of Leinzell, Stuttgart*, 1854).

a.a.a.a. External surface of the chalky covering with prominences
b.b. And shrunken membranes, *e.e.e*.
d. Inner surface of the shell.
e. The portion of the chalky covering cut through by the knife.
f. Neighbourhood of the eyes.
g. Flattened cheek.
h. Nose pressed flat.
i. Tumour of the shrunken lips.
k. Epithelium of the tongue hardened by layers of chalk salt.
l. Right upper extremity.
m. Right hand with phalanx of thumb cut through.
n. Left fore-arm amalgamated with the chalky covering.
o. Left knee.

Fig. 1.

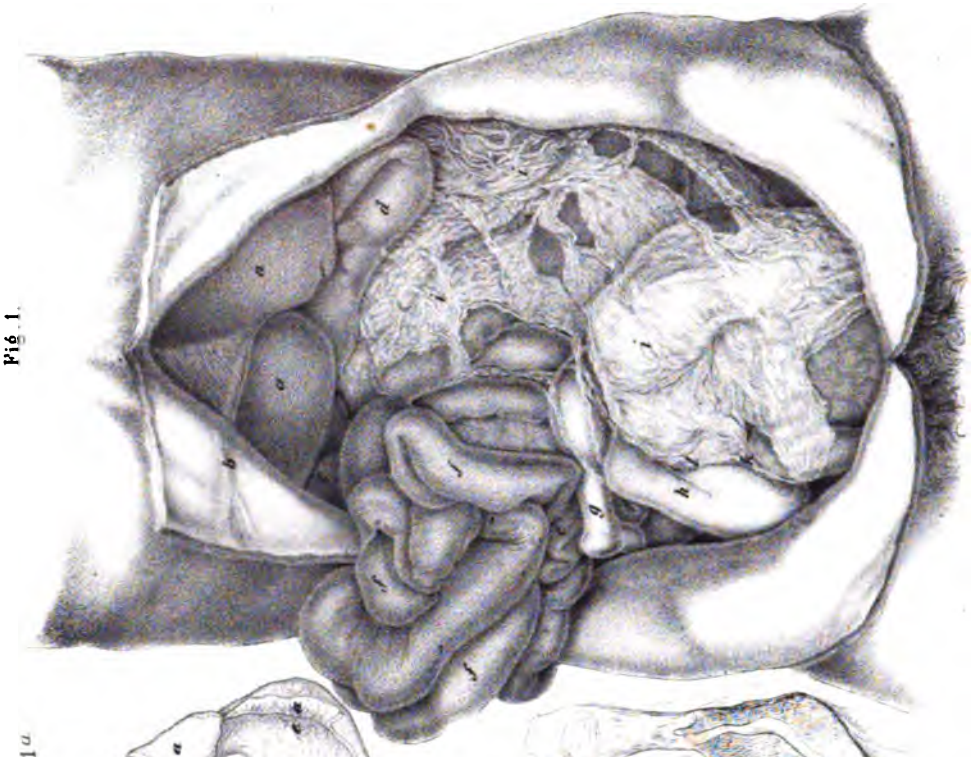


Fig. 1a

Fig. 3.

Fig. 2.

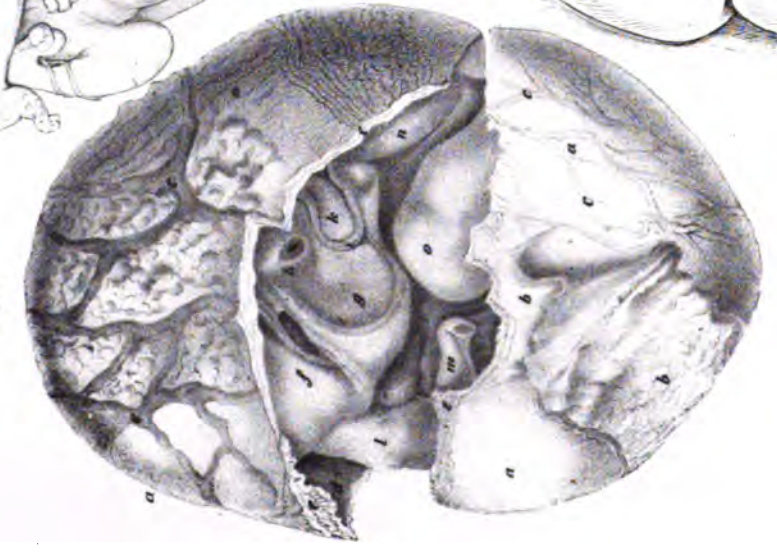


PLATE LXXIII.

FIGURE I.

Hydrocephalus with spina bifida in a child born naturally in the summer of 1860, in the Obstetric Clinic at Berlin.

FIGURE II.

Fœtal head with hernia cerebri.

(ONE-THIRD LIFE-SIZE).

(*After W. Vrolik. Tabulæ ad illustrandam embryogenesin hominis et mammalium. Amstelodami,* 1849. Plate 43).

FIGURE III.

Absence of Head and upper extremities in a fatty twin fœtus 24 centimeters long.

(HALF LIFE-SIZE).

(*After Sandifort in W. Vrolik, op. cit.* Plate 49).

a.a. The neighbourhood of the breasts is represented by a pair of folds with an imperfect nipple.
b. A small longitudinal fissure, which leads to a cul de sac in a fissure of the sternum.
c. Umbilical hernia covered with a delicate skin into which the thin funis is inserted.
d. Male genitals with empty scrotum.
e. Right foot with two toes.
f. Left foot with three toes and commencing nails.

Heart, stomach, liver, spleen, pancreas and duodenum, are wanting. Traces of the lungs are present in the thorax which is formed by 10 ribs on each side. The vertebral column presents a small moveable bone above the single last cervical vertebra; 10 dorsal vertebræ, and 5 lumbar vertebræ.

FIGURE IV.

Complete ectopia of the thoracic and abdominal Viscera in a female fœtus with cloacal formation.

(ONE-THIRD LIFE-SIZE).

(*After Vrolik, op. cit.* Plate 22).

a.a. The internal membrane of the enclosing sac is the peritoneum.
b.b. The amnion united the chorion covering of the placenta.
c.c. Placenta.
d.d. Umbilical arteries going to the short, almost undeveloped funis.
e.e. Openings of the ureters.
f. Anus surrounded by the sphincter ani.
g. Vagina.
h. Blind opening representing anus.
i.i. Two folds of skin representing the large labia.

The vertebral column is so bent backwards that the heels touch the occiput.

Fig. 1.

Fig. 5.

Fig. 2.

Fig. 3.

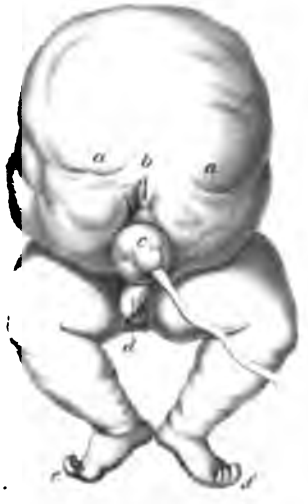


Fig. 4.

PLATE LXXIII.—*(Continued)*.

FIGURE V.

Absence of one of the lower extremities. Monopodia.

(HALF LIFE-SIZE, ONE-FOURTH NATURAL SIZE).

(*After Vrolik, op. cit.* Plate 63).

a. Funis half an inch long, torn by the delivery of child by forceps.
b. Large umbilical hernia with very thin walls through which are seen the liver and intestines.
c. Cleft in the skin, into which a sound can be pushed some distance.
d. Three toes seen on the single left lower extremity.

PLATE LXXIV.

FIGURE I.

Ruptured congenital umbilical hernia, Acrania, cyclopia with proboscis and absence of the superior Maxilla.

(One-third Life-size).

(*After Vrolik, op. cit.* Plate 26).

a. Absence of cranial vault.
b. Proboscis.
c. Monoculus.
d. The ears grown together on account of absence of cranium.
e.e. Ectropion of abdominal viscera in congenital umbilical hernia which has ruptured. The vertebral column has become markedly curved as a result.

FIGURE II.

Male fœtus born in foot presentation with hydrocephalus.

(One-third Life-size).

(*After Vrolik, op. cit.* Plate 35).

The extremities are very short, the abdomen large although no fluid was contained in it.

FIGURE III.

Anencephalous fœtus with distended backward cranial cleft. Eyes situated above, Ears below.

(One-third Life-size).

(*After Vrolik, op. cit.* Plate 41).

FIGURE IV.

A new-born female fœtus with coccygeal tumour which should contain another fœtus. (Fœtus in fœtu).

(One-third Life-size).

(*After Vrolik, op. cit.* Plate 100).

Fig. 4.

Fig. 2.

Fig. 1.

Fig. 3.

E. Martin's Handatlas. II. Aufl. v. A. Martin.

Alb. Schütze. Lith. Inst. Berlin.

PLATE LXXV.

FIGURE I.

Growing together of the cranial integument and the Placenta, Hernia cerebri. Double hare-lip and fissured palate, and ectropion of the Heart in a male fœtus at term.

(One-third Life-size).

(*After Vrolik, op. cit.* Plate 27).

a. On the index finger of the right hand was a ring-like constriction, and at the tip of the right middle finger there was a thread-like appendage.

FIGURE II.

Sympodia. Monstrum sireniforme.

(One-third Life-size).

(*After Vrolik, op. cit.* Plate 65).

a. Remains of the umbilicus, which, as is usual in such cases, only presents one artery.

b. Fold of skin containing a testicle, whilst the genital organs and anus, as is usual in such cases, are absent.

FIGURE III.

Growing together of both lower extremities.

(Half Life-size).

(*Cruveilhier, Pathological Anatomy*, book 40. Plate 6).

a. Club hand.

b.b. Both legs are completely developed, but are enclosed in a common integument as far as the insteps. The feet have the soles turned in towards each other.

c. A small wart as indication of the external genitals.

FIGURE IV.

Cyclopia with Proboscis and Hydrocephalus in a twin child.

(*After Otto. Monstrorum sexcentorum descriptio anatomica, Vratislar*, 1841, pl. ii. fig. 3).

Fig. 4.

Fig. 6.

Fig. 5.

Fig. 2.

Fig. 1.

Fig. 3.

PLATE LXXV.—*(Continued).*

FIGURE V.

Incomplete development of the Finger, so-called self-amputation.

(LIFE-SIZE).

(*After Vrolik, op. cit.* Plate 76).

FIGURE VI.

One-headed double monster, Janiceps.

(ONE-FOURTH LIFE-SIZE).

(*After Vrolik, op. cit.* Plate 96).

On the posterior surface of the head are two other external ears which have grown together.

PLATE LXXVI.

FIGURE I.

Double monster with two heads, four arms, and three legs, which was born immediately after the delivery of a male child at term. The mother, a strong peasant woman, aged 35 (mother of five sons, of which two were twins, and three daughters), was delivered by two midwives.

(ONE-THIRD LIFE-SIZE).

(After J. G. Walter, Anatomical Observations, Berlin, 1782).

a. Scrotum without testicles.

b. Occluded anus.

c. Common third of lower extremity with 8 toes (two of which are united by firm connective-tissue).

d.d. The common umbilicus, which was about 3 ells long.

FIGURE II.

Skeleton of figure 1. Double monster with common Pelvis.

(ONE-THIRD LIFE-SIZE).

(After J. G. Walter, op. cit.)

FIGURE III.

Division of joints by exudation membranes. Amputatio spontanea.

(After W. F. Montgomery, Study of the Signs, Symptoms, and duration of Pregnancy. German edition of Schwann, Bonn, 1839.

Fig. 2.

Fig. 3.

Fig. 1.

PLATE LXXVII.

FIGURE I.

Transverse presentation in the Uterus laid open during the seventh month of pregnancy.

(*After H. Fr. Kilian, obstetric atlas.*)

a. Internal surface of the dissected uterine wall.

b. Decidua.

c. Chorion.

d. Amnion.

h. Vagina laid open.

The letters do not correspond to the drawing.

FIGURE II.

Transverse presentation with prolapsed arm, head to the right, feet to the left and backwards.

(DIAGRAMMATIC).

Fig. 2.

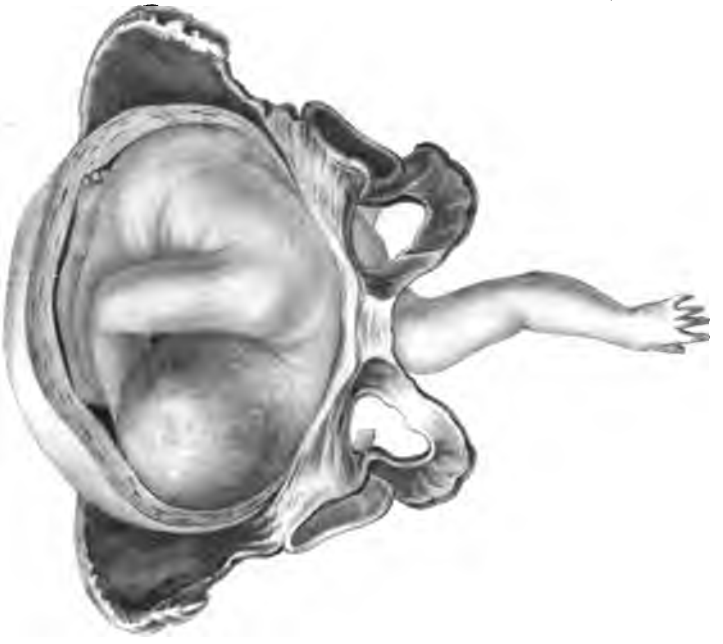


Fig. 1.

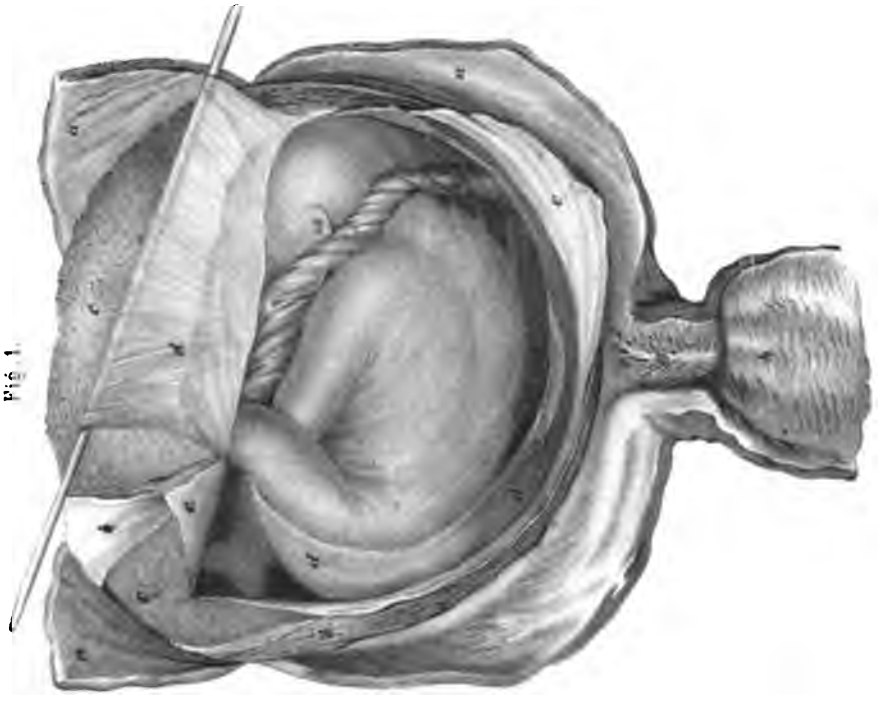


PLATE LXXVIII.

FIGURES I—IV.

The different stages of spontaneous expulsion.

(*After Spiegelberg, Manual of Midwifery*, 1878, p. 540.)

FIGURE V.

Labour with the body bent double.

(*After Kleinwachter, contribution to the study of spontaneous expulsion. Archiv für Gynäkologie,* Band ii., s. 111.)

Fig. 1.

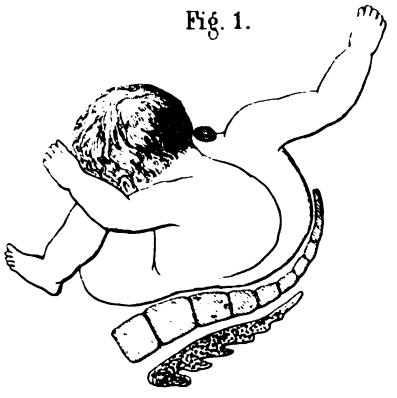


Fig. 2.

Fig. 3.

Fig. 4.

Fig. 5.

PLATE LXXIX.

FIGURE I.

Universally contracted pelvis.

(*After a preparation in the obtstetric clinic at Berlin*).

FIGURE II.

Universally contracted pelvis.

(*After Schröder, Manual of Midwifery*).

Fig. 1

Fig. 2.

PLATE LXXX.

FIGURE I.

Flattened pelvis from rachitis.

a. Doubled promontory and diminished depth of sacral cavity.

bb. Imperfectly developed ilia with the anterior transverse diameter of the false pelvis almost as long as that of the posterior transverse diameter.

FIGURE II.

Antero-posterior contraction of the Pelvis from rickets, with unequal sides of the pelvis from scoliosis of the lumbar and sacral vertebræ with projection inwards of the left acetabulum.

Fig. 1.

Fig. 2.

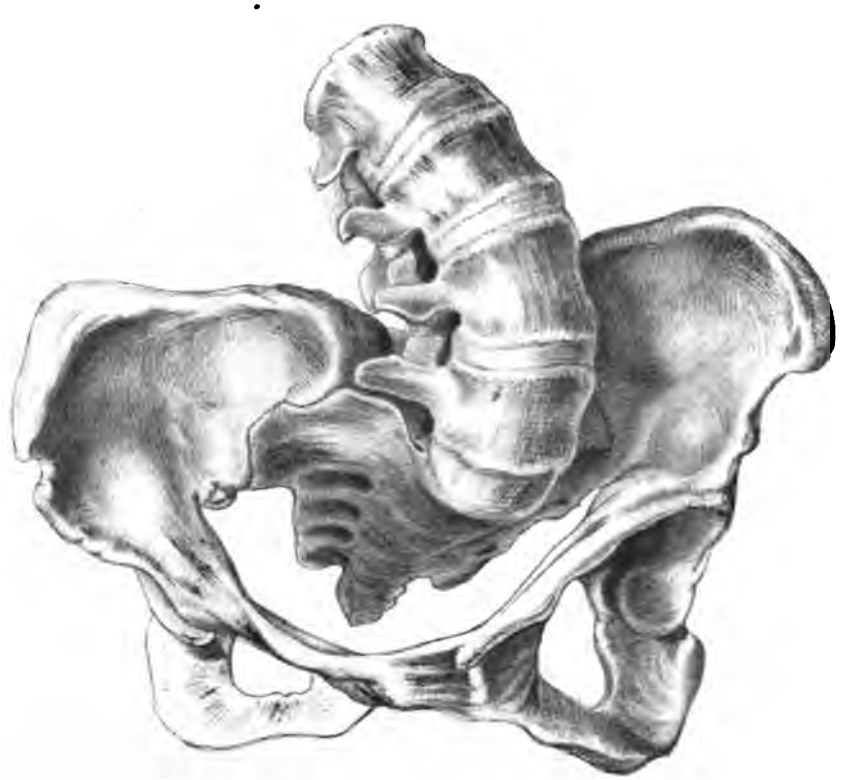


PLATE LXXXI.

FIGURE I.

Antero-posterior contraction of the pelvis with sinking of the promontory and projection inwards of the acetabula from old-standing rickets.

(Pseudo-osteo-malacic pelvis).

FIGURE II.

Section through a pelvis contracted antero-posteriorly by spondylolisthesis.

(*After H. F. Kilian, Drawings of new forms of pelves. Mannheim*, 1854, Pl. 2.)

Fig. 1.

Fig. 2.

PLATE LXXXII.

FIGURE I.

Transverse contraction of the pelvis from projection inwards of both acetabula in osteomalacia in the adult.

(Slighter degree of deformity).

FIGURE II.

Transverse contraction of the pelvis, through projection inwards of both acetabula so as to bend the rami of the pubes, sinking of the sacral promontory, resulting from softening of the bones in the adult.

(*Advanced stage of deformity.*)

Fig. 1.

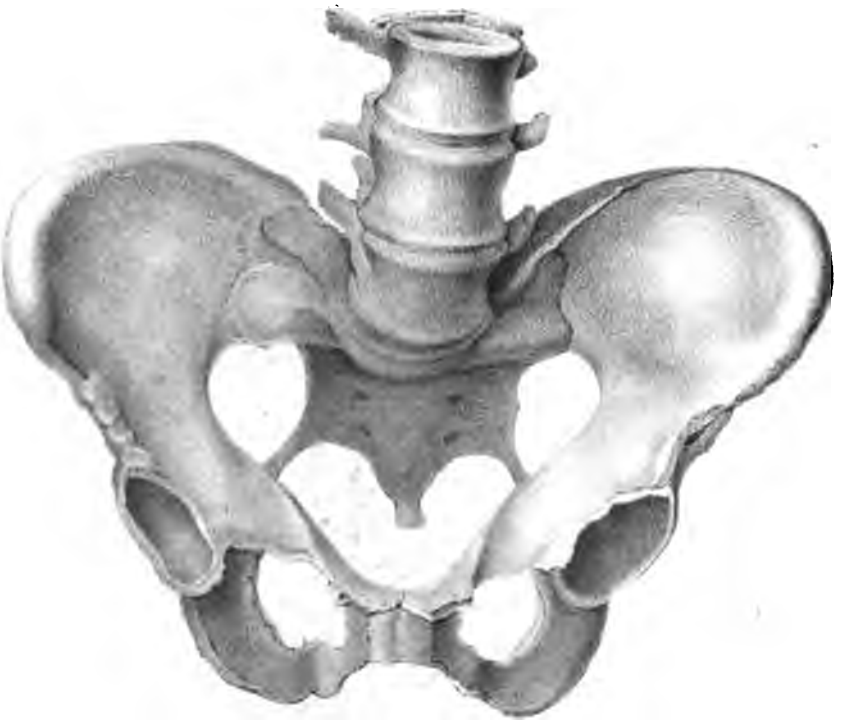


Fig. 2.

PLATE LXXXIII.

FIGURE I.

Transverse contraction of the pelvis with bilateral ilio-sacral anchylosis.

(*After A. Martin. A transversely contracted pelvis with double ilio-sacral anchylosis recognised during labour. Berlin*, 1870.)

FIGURE II.

The same pelvis seen from above.

FIGURE III.

The same pelvis seen from beneath.

Fig. 1.

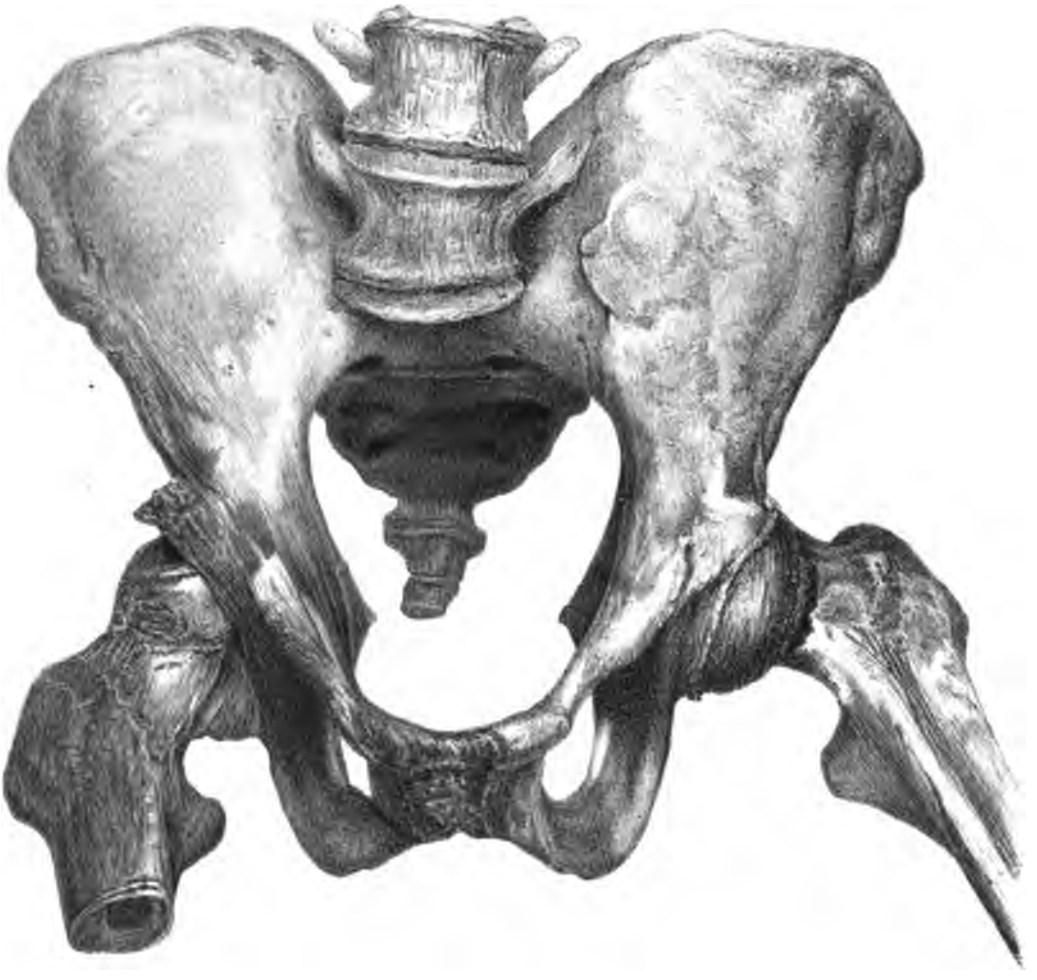


Fig. 2.

Fig. 3.

PLATE LXXXIV.

FIGURE I.

Transverse contraction of the pelvis from early acquired anchylosis of both sacro-iliac synchondroses.

(Delivery by perforation and cephalotripsy.)

(After Lambl. Pragel Vierteljahrschrift. 1854, II *Band.)*

FIGURE II.

Contraction of pelvic cavity by exostosis of the sacrum.

(J. Leydig's case of Cæsarian section.)

(After Eli de Haber præs. Fr. C. Naegele, Diss. exhibens casum rarissimum partûs, qui propter exostosin in pelvi absolvi non potuit. Heidelberg 1830.)

Fig. 1

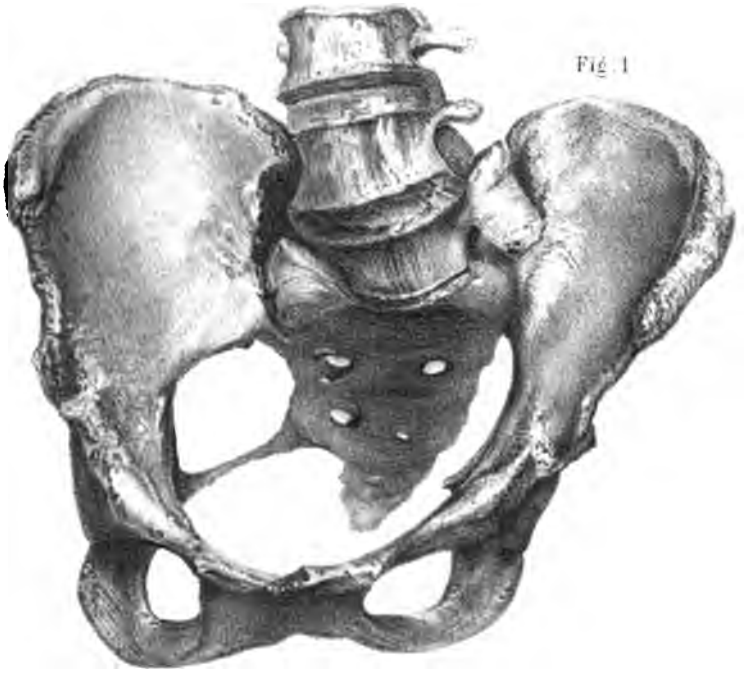


Fig. 2.

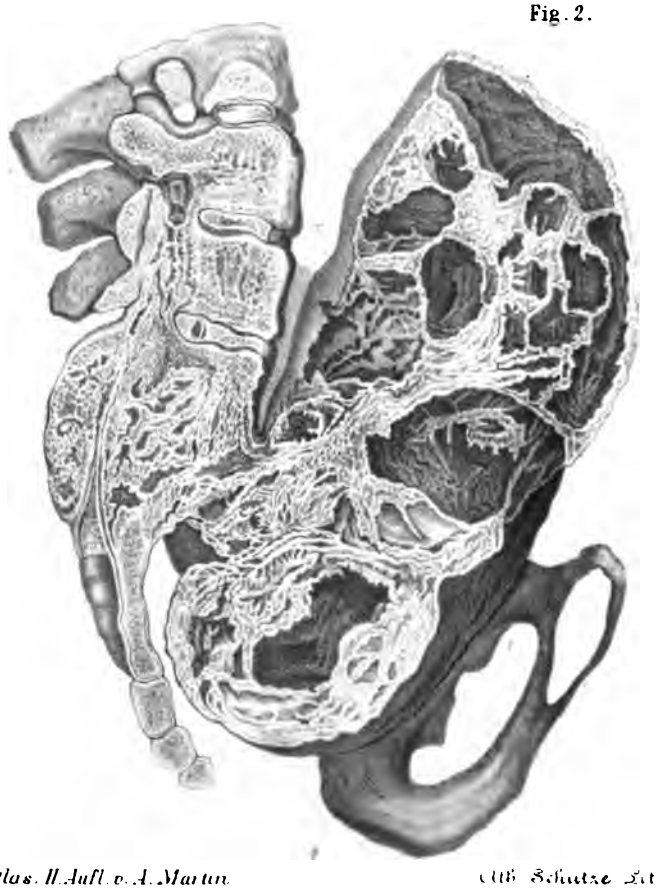


PLATE LXXXV.

FIGURE I.

Obliquely contracted pelvis from anchylosis of the left sacro-iliac synchondrosis in early childhood.

(After a specimen in the collection of the obstetric clinic at Berlin).

FIGURE II.

Obliquely contracted pelvis from anchylosis of the left sacro-iliac synchondrosis, shewn from behind.

(After Fr. C. Naegele, the obliquely distorted pelvis. Mainz 1839. *Plate* 5).

Fig. 1.

Fig. 2.

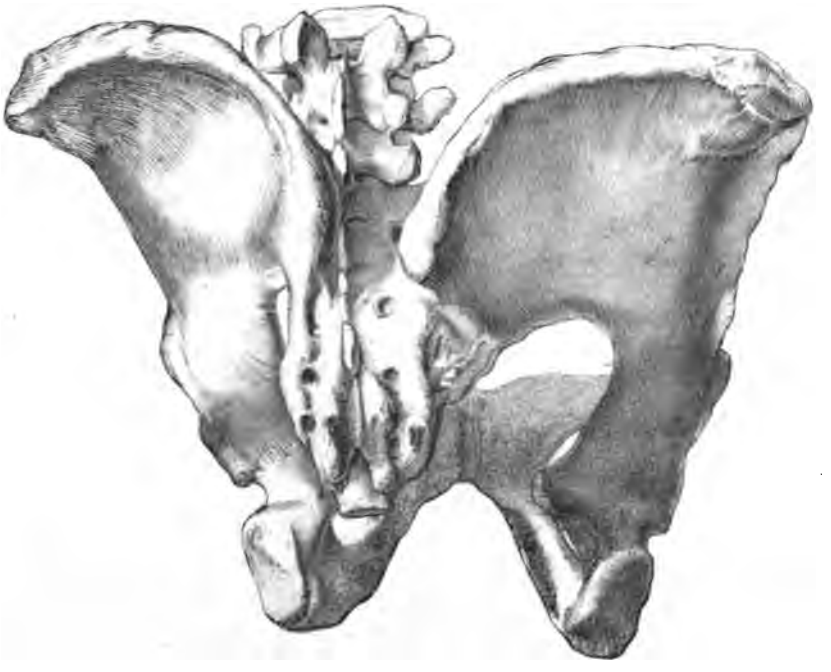


PLATE LXXXVI.

FIGURE I.

Exostosis of the left ilio-pubic synostosis, pelvis spinosa.

(Velten's pelvis of a primipara, whose uterus was lacerated during labour by the bony spine, taken from the cadaver and added to the anatomical museum at Bonn.

(*After H. Fr. Kilian. Drawings of new pelvic forms. Mannheim* 1854. Plate 4).

FIGURE II.

Contraction of the pelvic cavity by bony cancer in a woman who was delivered for the fourth time without artificial aid of a seven months' fœtus.

(The pelvis is in the collection of the Jena lying-in hospital.)

(*From a drawing by Prof. Förster. Accompanying text of E. Martin, on cancer of the pelvic bones as an obstruction to labour. Illus. med. Zeitung. München* 1851. *Bd. III Heft* 4).

Fig. 1.

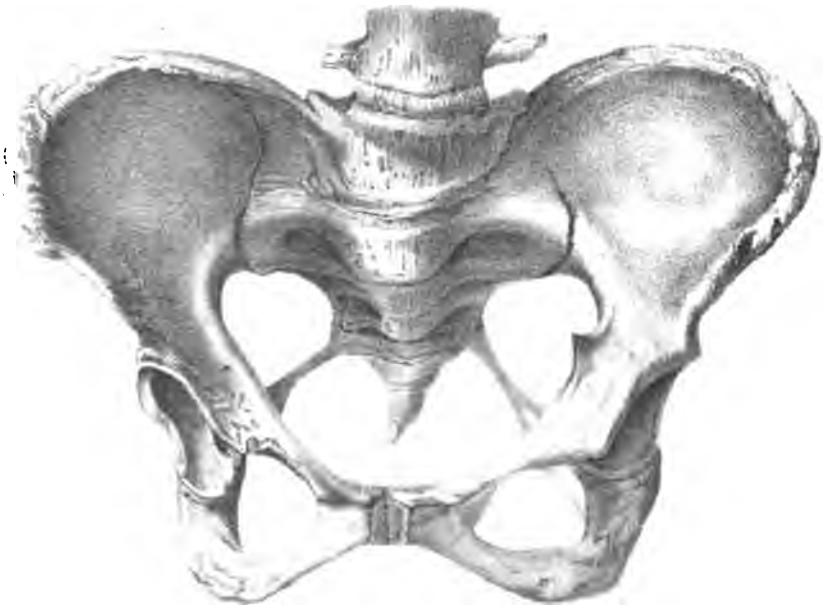


Fig. 2.

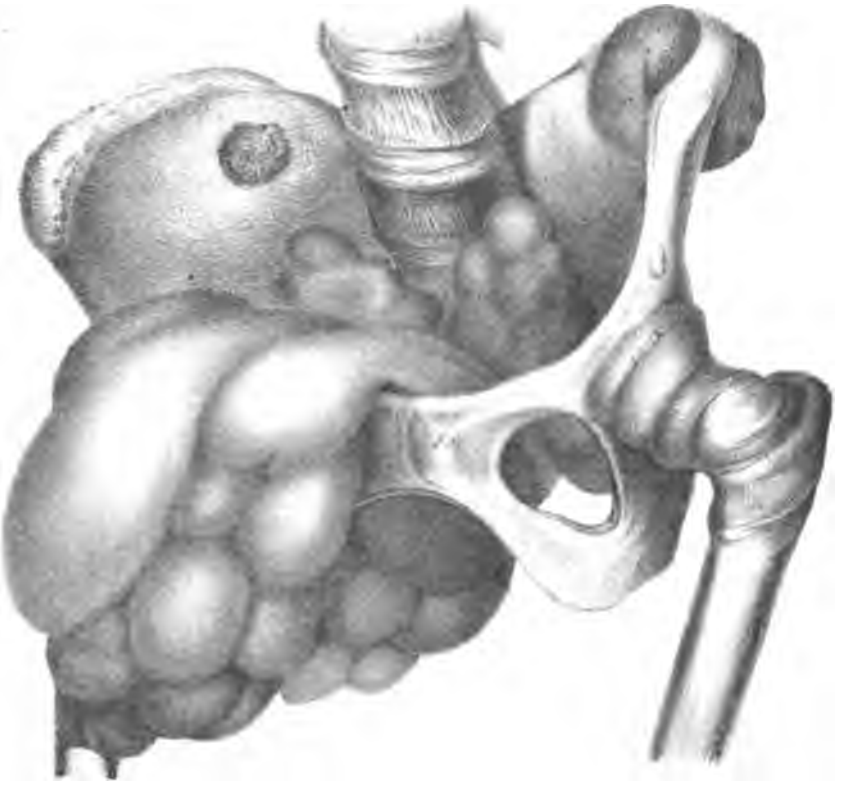


PLATE LXXXVII.

FIGURE I.

Lumbo-sacral kyphotic pelvis.

(After Hoening, Contribution to the study of the kyphotic contracted pelvis. Bonn 1870*).*

FIGURE II.

Funnel shaped pelvis.

(After Schroeder, Manual of Midwifery. Band V. 1877*).*

FIGURE III.

Cleft pelvis seen from the front.

After C. C. Th. Litzmann, Archiv für Gynaekologie. Bd. 4 1872*).*

FIGURE IV.

Cleft pelvis seen from behind.

(After C. C. Th. Litzmann op. cit.)

Fig. 2.

Fig. 4.

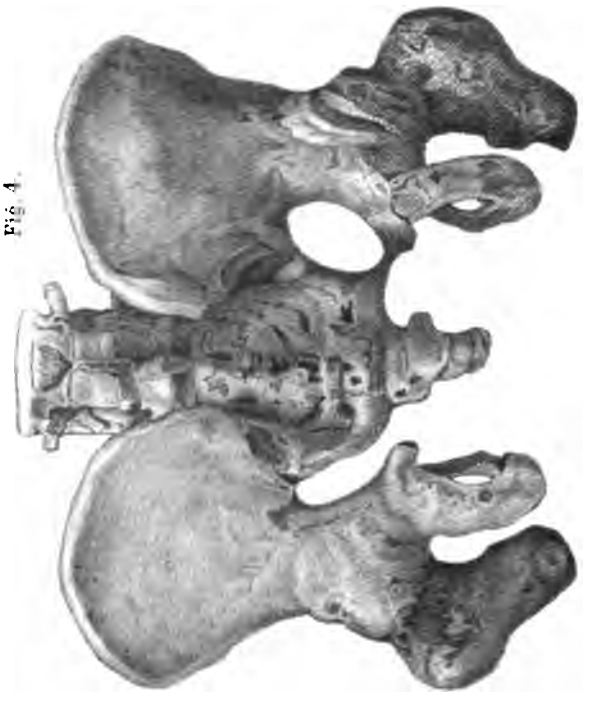


Fig. 1.

Fig. 3.

E. Martin's Handatlas. II. Aufl. v. A. Martin.

Alb. Schultze. Lith. Inst. Berlin.

PLATE LXXXVIII.

FIGURE I.

Pelvic inlet of a normal female pelvis.

(From a photographic stereoscopic illustration of a preparation in the collection of pelves in the Berlin obstetric clinic)

FIGURE II.

Pelvic inlet of a universally contracted pelvis

FIGURE III.

Pelvic inlet of a flattened rickety pelvis.

FIGURE IV.

Pelvic inlet of an obliquely contracted pelvis with unilateral ilio-sacral anchylosis.

FIGURE V.

Pelvic inlet of an obliquely contracted pelvis with lumbo-sacral kypho-scoliosis.

FIGURE VI.

Pelvic inlet of a transversely contracted osteomalacic pelvis.

FIGURE VII.

Pelvic inlet of a pelvis spinosa.

Fig. 1.

Fig. 2.

Fig. 5.

Fig. 3.

Fig. 6.

Fig. 4.

Fig. 7.

E. Martin's Handatlas. II. Aufl. v. A. Martin. Otto Schmitz. Lith. Inst. Berlin.

PLATE LXXXIX.

FIGURE I.

Front- (Figure 1), Side- (Figure 2), and Back-view (Figure 3) of a Kyphoscoliotic girl who had never menstruated, and who had complete prolapse of the Uterus.

(*After J. Veit, Clinical Contribution. Zeitschrift für Geburtshülfe und Gynæcologie,* bd. ii. 1877, s. 118).

The girl aged 14¾ years had noticed the prolapse "some time." The anterior vaginal wall was completely prolapsed. The broad os uteri was ulcerated. The whole of the body of the uterus was outside the rima, retroflexed, 6 centimeters long, on both sides of it stringy appendages from above were plainly felt. The bladder long with a diverticulum in the prolapsed vagina. The posterior vaginal vault raised ½ a centimeter. The hymen was widely dilated, but not ruptured.

The Diagonal 5, 8—6 centimeters. Pelvis remarkably slightly distorted. Spinæ 20, 0 centimeters, Cr. 21, 0, Tr. 27, Ext. 14, 5 centimeters.

Fig. 3.

Fig. 2.

Fig. 1.

PLATE XC.

FIGURE I.

(After Kehrer. On the impressions of the fœtal head in new-born children. 14 *Jahresbericht der Oberhessischen Gesellschaft für Natur- und Heilkunde).*

Kehrer made a trough-shaped impression in the left parietal bone of a kitten 4 days old. After eight days as it appeared to have healed, he killed it.

a. External surface.
b. Internal surface.
c. Point of rupture.

FIGURE II.

Microscopic section of the above impression.

At the convex brain-side of the impression are 3 fissures pressed together and opening inwards with their edges towards the dura mater.

a. Parallel and fine fibrous stratum of the pericranium.
b. Dura mater.
c. The interlacing, vascular, and connective-tissue between the edges of the rupture.
d. Lamellæ of bone.
e. Crenated edges of the rupture, in the concavities of which are large nucleated cells with finely granular protoplasm.
f. Network of bone substance, which has united as a subpericranial layer over the point of fracture.

FIGURE III.

Cranial impression.

(After Dohrn, On the way in which the foregoing head passes through a flat pelvis. Archiv für Gynäkologie, bd. vi. s. 82).

Premature induced labour in the 35th week of pregnancy in a primipara with a universally contracted pelvis. The child was born in the first position at the end of 1½ hours; the uterus contracting powerfully.

Diffused tumour over the right parietal bone. The whole of the left surface of the cranium is denuded and pushed forwards. The parietal bone is under the frontal bone. On the left parietal bone is a furrow *O*, 5 to 1, 0 centimeters broad, beginning near the anterior fontanelle and ending beyond the parietal eminence. It takes an almost right-angled curve forwards and ends between the squamous and coronal sutures. The left parietal bone had been indented by the promontory of the sacrum, this was not caused by projection of the promontory but by sinking of the occiput, so that the parietal prominence impinged on the sacral promontory as it entered the pelvis.

Fig. 1.

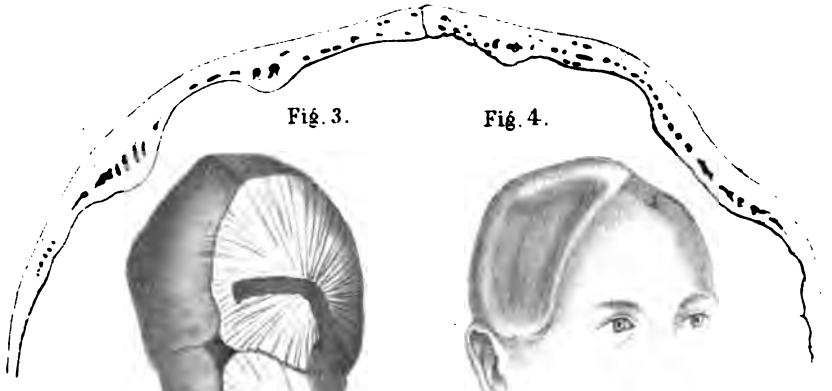


Fig. 3.

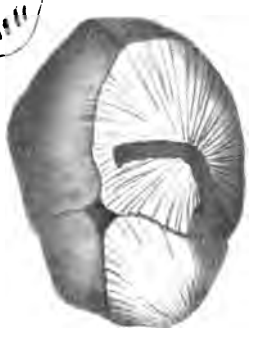


Fig. 4.

Fig. 5.

Fig. 6.

Fig. 2.

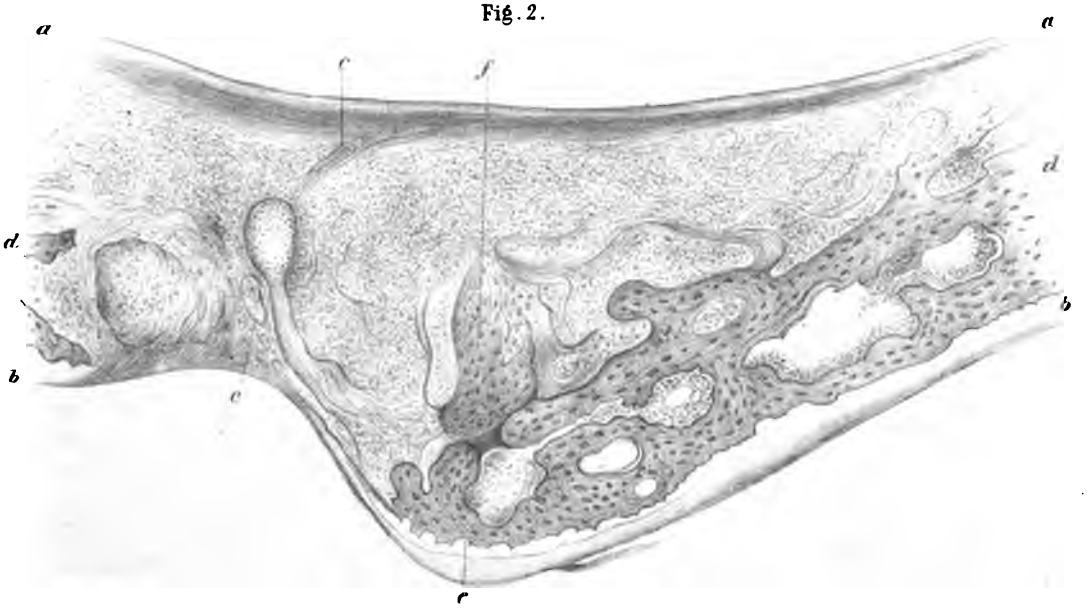


PLATE XC.—(*Continued*).

FIGURE IV.

Spoon-shaped impression of the Cranium.

(*From a drawing by Carl Ruge of an observation made in the Obstetric Clinic at Berlin*).

The head which was delivered in the first position through a flat pelvis presents a deep furrow in the left parietal bone beneath the frontal bone. The left parietal bone is indented and displays a deep depression involving the parietal eminence slanting from above and behind and running forwards. The depression is about 1 centimeter in depth with fissures diverging from it over the upper half of the parietal bone.

The child was living and was discharged from the hospital with its mother apparently in good health.

FIGURE V.

Cranial depression.

After A. Martin, On lateral presentations in difficult labour with contraction of the antero-conjugate diameter. Zeitschrift für Geburtshülfe und Frauenkrankheiten, 1875, s. 30).

The head was in the second position and expelled by very powerful pains. The child weighed 3,400 grammes, and was well developed. Cranial bones firm. Sutures narrow. Two centimeters below the right parietal eminence is a dark red depression 1, 2 centimeters broad and 0, 8 centimeters long with a wide red areola. From this depression a bright red colouration extended forwards towards the coronal suture from which spot it turned downwards as far as the right zygoma.

In this case timely adjustment of the presentation diverted the small anterior half of the cranium into the narrow conjugate (through which the broad posterior half of the cranium could not have passed), and allowed of the passage of the fœtal head through the pelvis.

FIGURE VI.

View of the point of depression in the left side of the fœtal head in figure 5.

On the left parietal bone, which is pushed underneath the right, is a pale depression mark, about 2 centimeters long, in front of the parietal eminence in the semicircular line.

PLATE XCI.

FIGURE I.

Chamberlain's Forceps.

FIGURE II.

Palfyn's Forceps.

(One-third Size of Original).

FIGURE IIa.

Single blade of Palfyn's Forceps.

FIGURE III.

A short straight English Forceps with leather covering.

(After Orme).

(One-third Size of Original).

(After a Specimen in the Collection of Instruments at the Royal Lying-in Institute of Berlin).

FIGURE IIIa.

Single blade of Orme's Forceps.

a. English lock. (Junctura per contabulationem).

FIGURE IV.

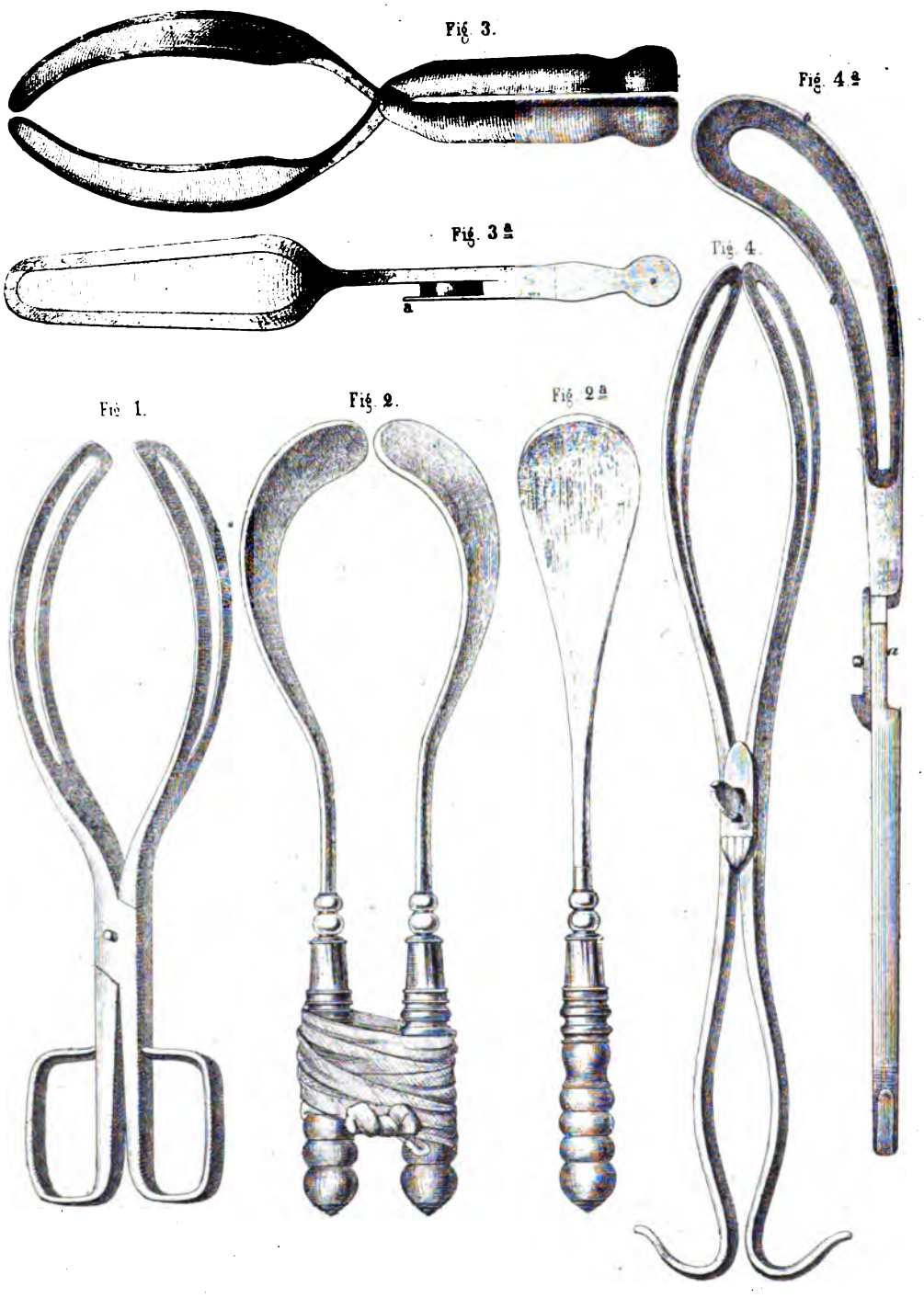
Levret's Forceps with head and pelvic curves.

(One-third Size of Original).

FIGURE IVa.

Right, female blade of Levrets' Forceps.

a. French lock. (Junctura per axin).
b. Raised borders of fenestræ.



Alb. Schütze, Lith. Inst. Berlin.

PLATE XCII.

FIGURE I.

Pelvimeter after E. Martin.

FIGURE II.

Pelvimeter after Collin.

FIGURE III.

Colpeurynter after C. Braun.

FIGURE IV.

Fiddle-shaped India-rubber Dilators after R. Barnes.

FIGURE V.

Balloon for artificial induction of labour after Tarnier.

FIGURE VI.

Shapes of Laminaria Tents and Compressed Sponges in various sizes.

FIGURE VII.

Funis Repositor after E. Martin.

FIGURE VIII.

Funis Repositor after Robert.

FIGURE IX.

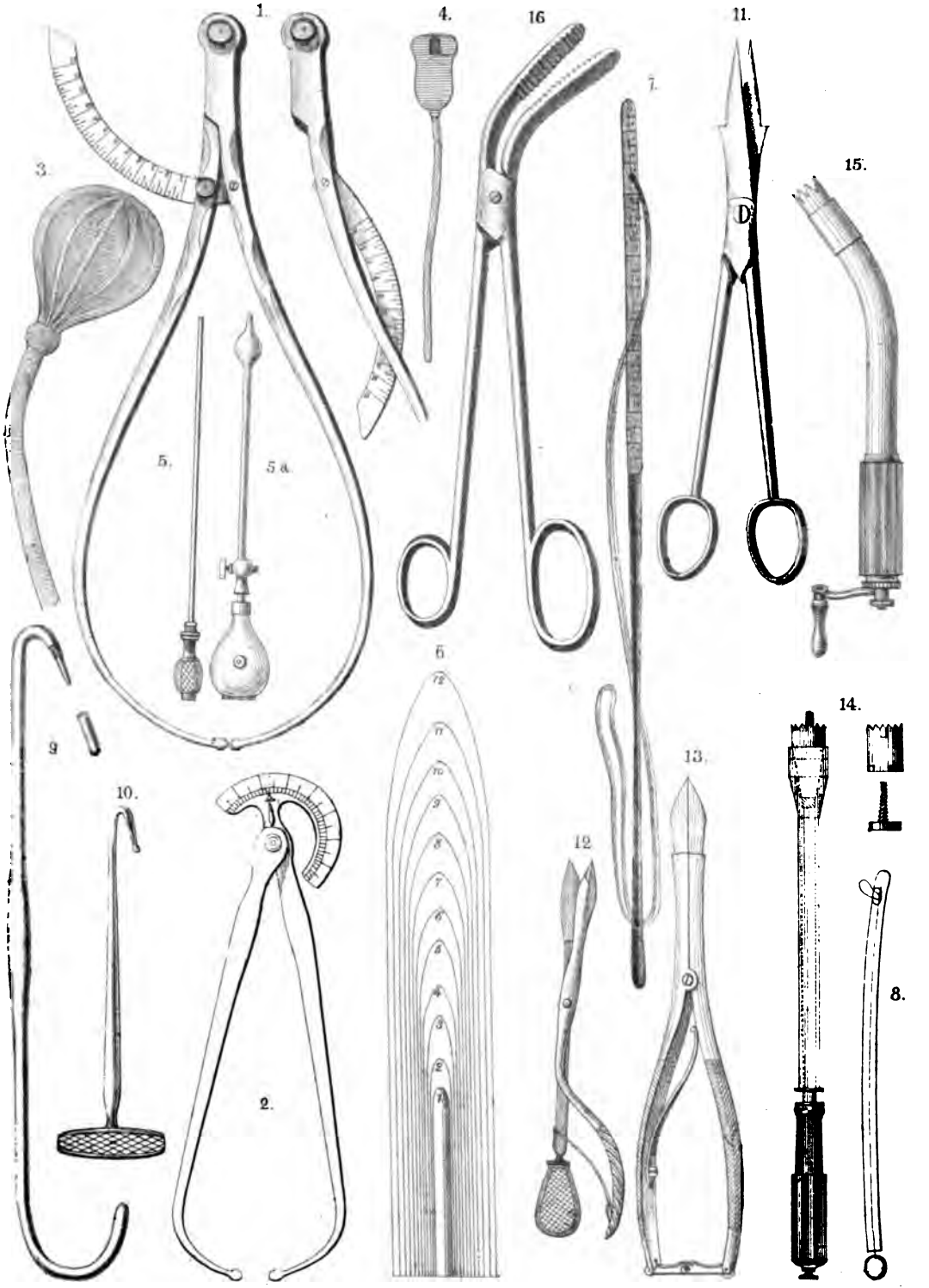
Blunt Hook.

FIGURE X.

Key-hook after C. Braun.

FIGURE XI.

Smellie's Perforating Scissors.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8.

PLATE XCII.—*(Continued).*

FIGURE XII.

Blot's Perforator.

FIGURE XIII.

Naegele's Perforator.

FIGURE XIV.

Trepan-shaped Perforator with bayonet socket of the crown after E. Martin.

FIGURE XV.

Trepan-shaped Perforator after C. Braun.

FIGURE XVI.

Bone Forceps after Mesnard-Stein.

PLATE XCIII.

FIGURE I.

Forceps after E. Martin.

FIGURE II.

Forceps after Naegele.

FIGURE III.

Breech Forceps after Ideler.

FIGURE IV.

Cephalotribe after E. Martin.

FIGURE V.

Cephalotribe after Braxton Hicks.

FIGURE VI.

Craniocłast after C. Braun.

FIGURE VII.

Combination of Perforator and Craniocłast after J. Veit.

Fig. 1.

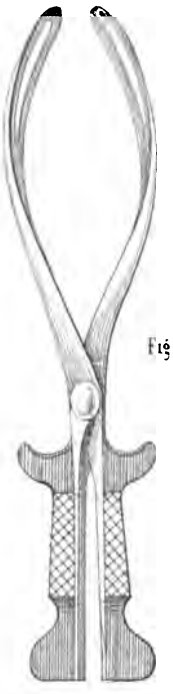
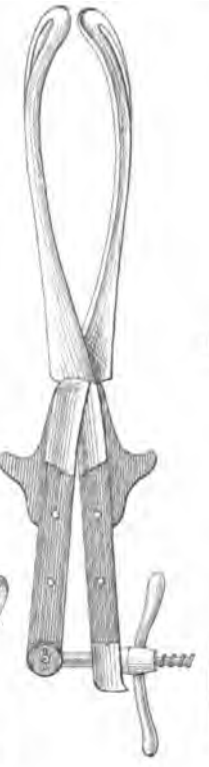


Fig. 2.



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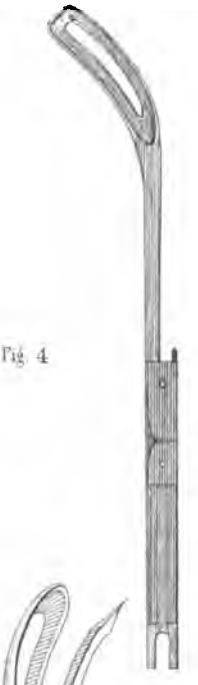

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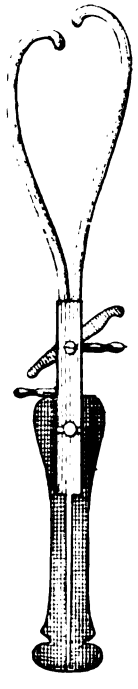

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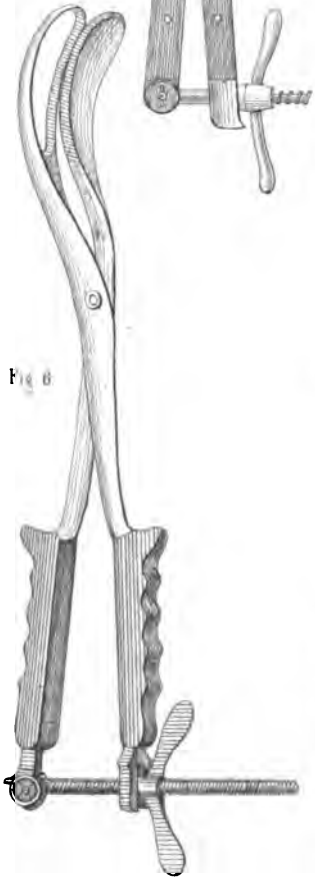

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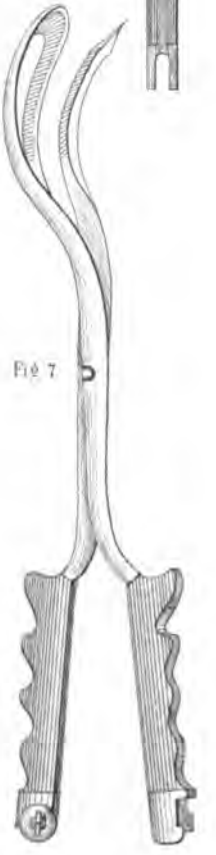

PLATE XCIV.

FIGURE I.

C. Mayer's Glass Speculum.

FIGURE II.

Sims' Speculum.

FIGURE III.

One-bladed Speculum, with wooden handle after Kristeller.

FIGURE IV.

Simon's Speculum, with different sizes of blades, figs. 4a and 4b.

FIGURE V.

Uterine Sound.

FIGURE VI.

Bullet Forceps with Clutch-hook.

FIGURE VII.

Spring Dressing Forceps.

FIGURE VIII.

Curved Scissors.

FIGURE IX.

Scissors for incision of Os Uteri curved at the handle after Schröder.

FIGURE X.

Scarificator after C. Mayer.

FIGURE XI.

Squirt for Intra-uterine injections after C. Braun.

FIGURE XII.

Sharp Curette after Simon.

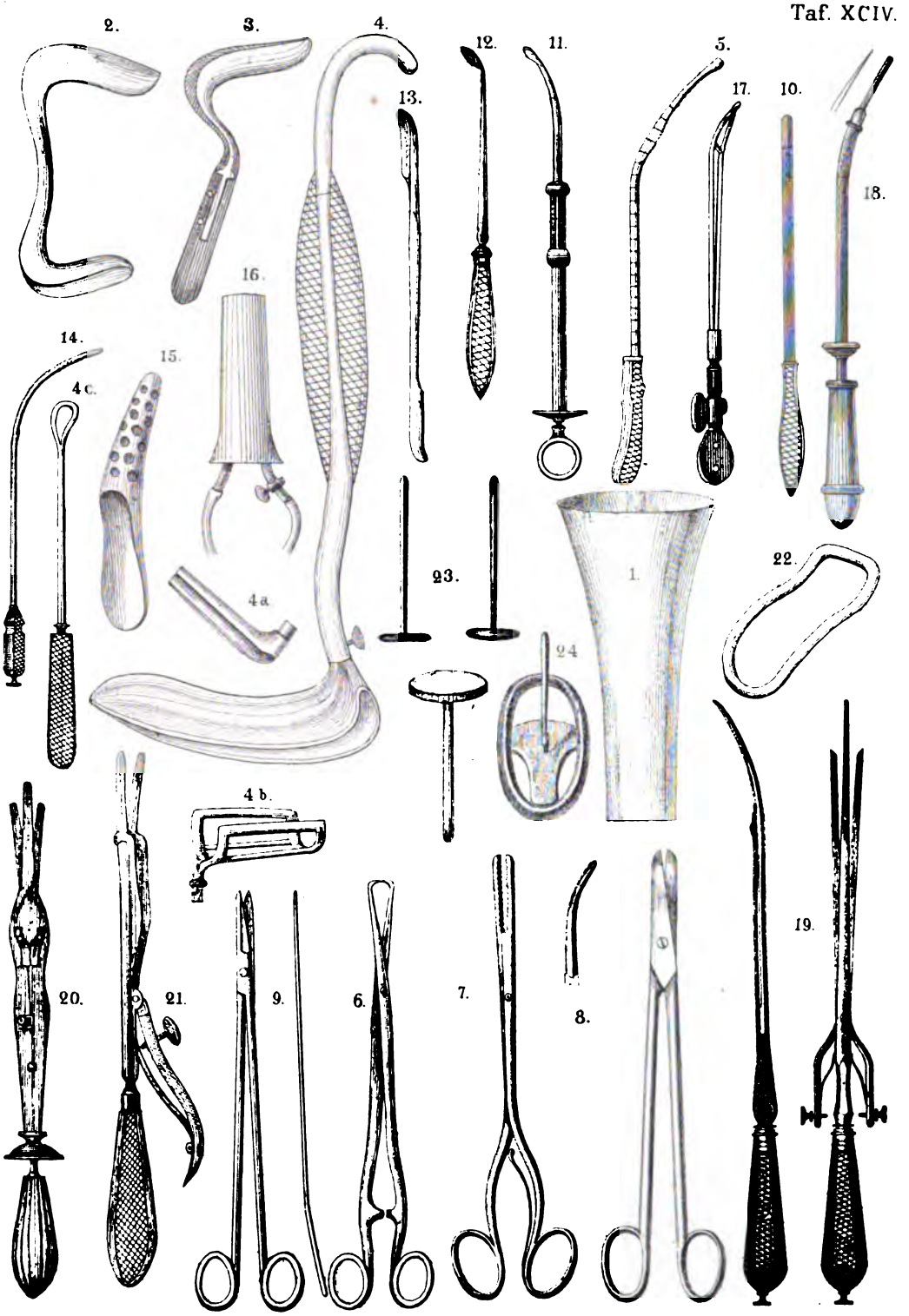
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PLATE XCIV.—*(Continued).*

FIGURE XIII.

Recamier's Curette.

FIGURE XIV.

Uterine Medicator after E. Martin.

FIGURE XV.

Bath Speculum.

FIGURE XVI.

Speculum for irrigating the Vagina after von Preuschen.

FIGURE XVII.

Dilator after Greenhalgh.

FIGURE XVIII.

Instrument to introduce Sponge Tents after R. Barnes.

FIGURE XIX.

Double Knife for incision of the Os Uteri after E. Martin.

FIGURE XX.

Double Knife after Greenhalgh.

FIGURE XXI.

Knife for incision after Sir James Simpson.

FIGURE XXII.

Hodge's Vaginal Pessary.

FIGURE XXIII.

Intra-uterine Stem with holder.

FIGURE XXIV.

Spring Stem Pessary after E. Martin.

PLATE XCV.

FIGURE I.

Complete Procidentia Uteri.

(*After R. Barnes, A Clinical History of the Medical and Surgical Diseases of Women*, Second edition. *London*, 1878).

(HALF-SIZE, FROM A PREPARATION IN ST. GEORGE'S MUSEUM).

P. Symphysis pubis.
B. Bladder.
U. Urethra, drawn almost vertically downwards to open into B', a sacculated diverticulum of bladder outside the vulva, and in front of the procident uterus.
O.U. Os uteri.
D. Douglas' pouch, extended outside the vulva.
O. The ovary dragged down.
A. The anus.

FIGURE II.

Fibroma Uteri.

(*After R. Barnes, op. cit.*)

Large fibroid tumours, one in the anterior, the other in the posterior wall of the uterus. The whole was removed by laparotomy by Dr. R. Barnes. The uterus in the centre contains a three month's ovum.

PLATE XCV.

FIGURE I.

Cranium of Pteranodon Ingens Marsh.

Upper Cretaceous, Niobrara Group, Kansas.

Natural size. Side view. No. 1033, Cope & Marsh collection.

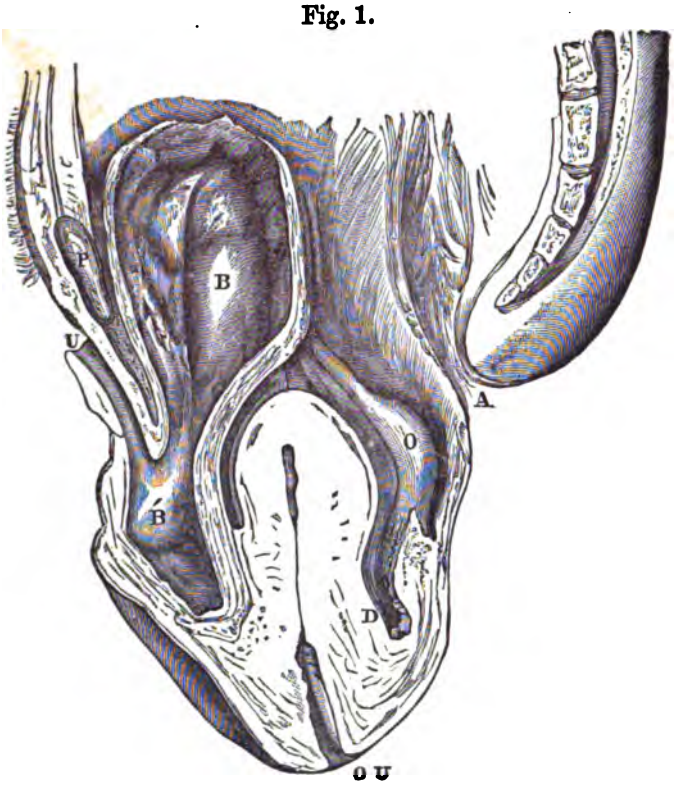
FIGURE II.

Pteranodon Ingens.

Upper Cretaceous, Kansas.

Two mandibles, one in the upper view, the other in the posterior view. Natural size. Drawn by Miss Sarah F. Emerson. The upper view

Fig. 1.



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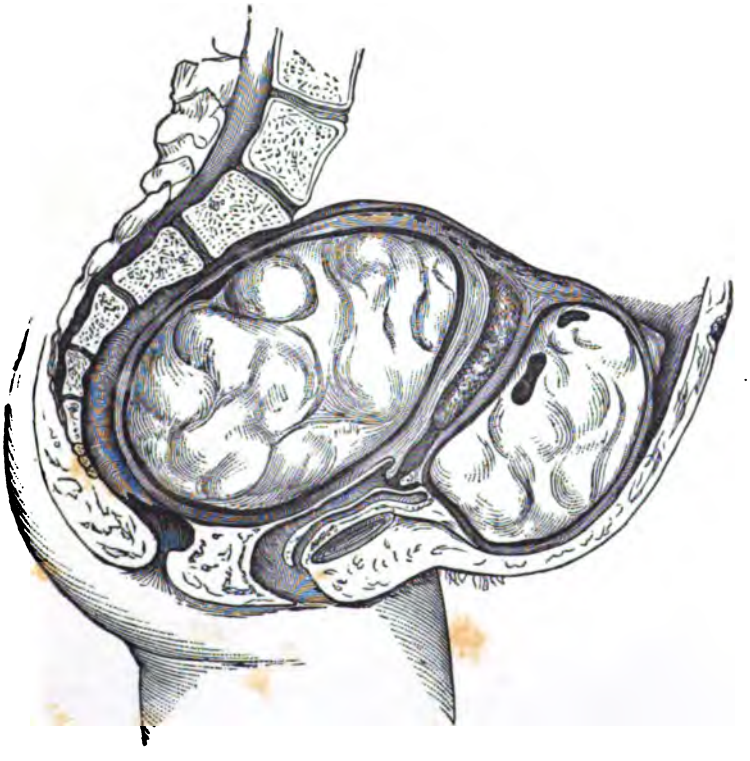

PLATE XCVI.

FIGURE I.

Occlusion of the Vulva.

(*After R. Barnes, op. cit.*)

(One-third Life-size).

(From a specimen in the Radcliffe Museum, Oxford. Case described by Dr. Tuckwell).

v. Cavity of vagina distended.
o.u. Os uteri, and cavity of uterus above it also distended.
Complete occlusion of vulva.

FIGURE II.

Atresia Vaginæ.

(*After R. Barnes, op. cit.*)

From a preparation in St. George's Museum.

(Half Life-size).

U. Dilated uterus.
V. Dilated vagina above the seat of atresia, traversed by B, a piece of bougie.
The Fallopian tubes are not dilated.

Fig. 1.

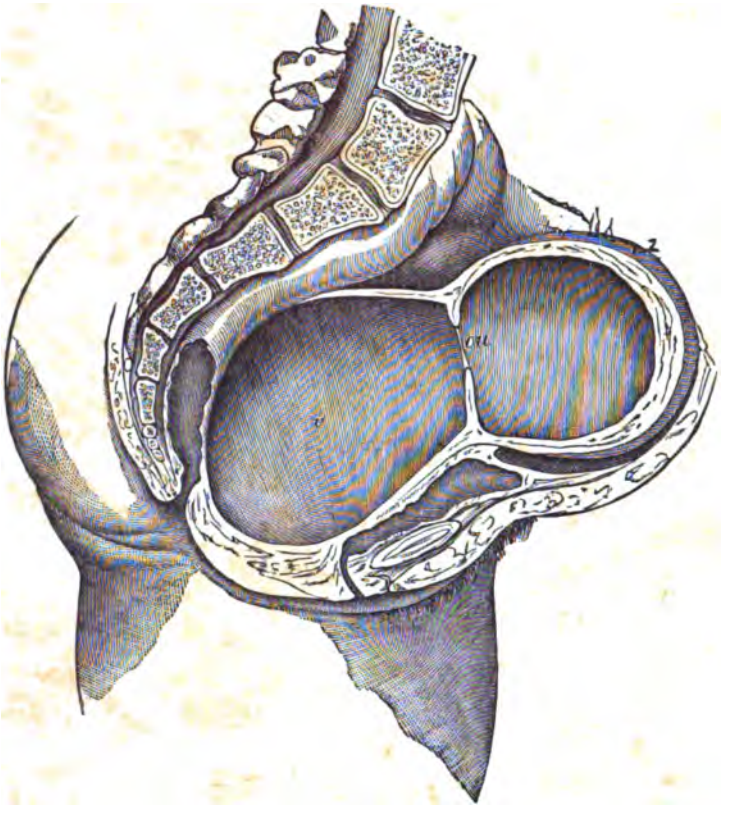

Fig. 2.

PLATE XCVII.

FIGURE I.

Atresia of Vagina.

(*After R. Barnes, op. cit.*)

R. Rectum.

B. Bladder.

U. Uterus.

V. Cul-de-sac at vulva.

A. Dense tissue in place of vagina traversed by a narrow fistulous tract between *V* and uterus.

FIGURE II.

Retro-uterine Hæmatocele.

(*After R. Barnes, op. cit.*)

U. The uterus pushed forwards.

A. The hæmatocele filling the cavity of the sacrum, bounded above by plastic effusions and the small intestines.

FIGURE III.

Extreme retroflexion of the Uterus.

(*After R. Barnes, op. cit.*)

(From Nature).

A section is made through the centre, showing atresia in places of the canal of the uterus.

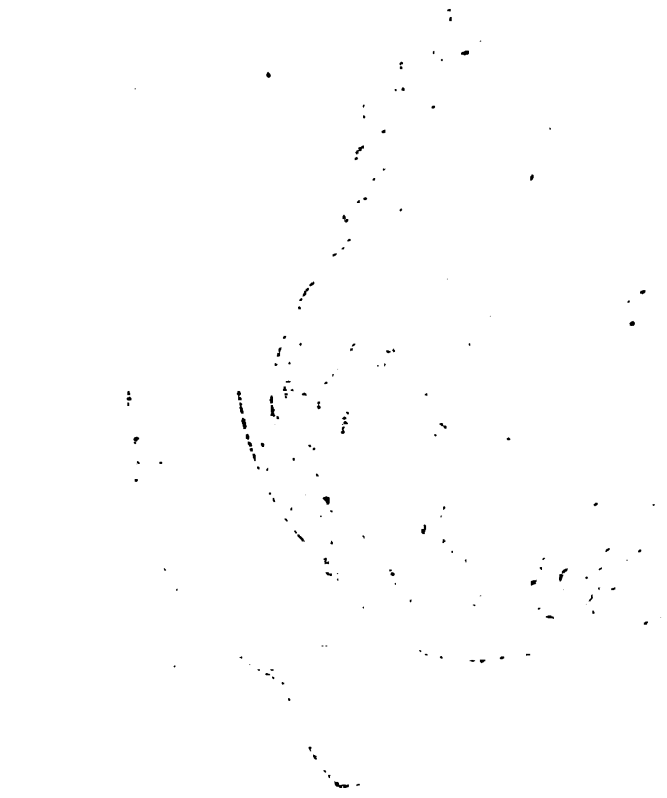

Fig. 2

PLATE XCVII.

FIGURE III.

Fig. 1.

Fig. 2.

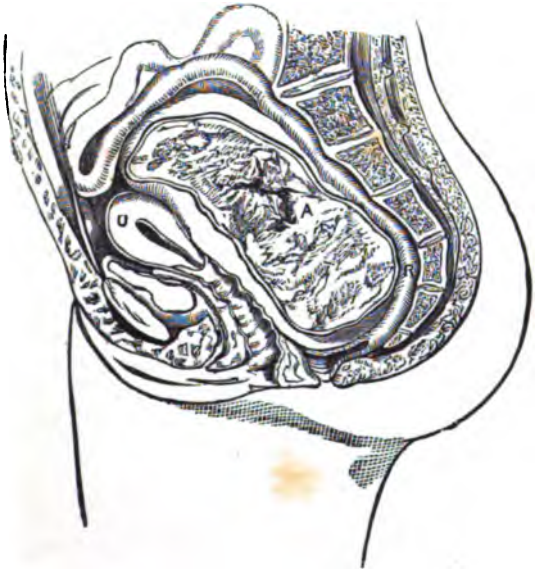

Fig. 3.

PLATE XCVIII.

FIGURE I.

Dr. Grigg's Uterine Dilator.

FIGURE II.

Long Forceps after Robert Barnes.

FIGURE III.

Craniotomy Forceps after Robert Barnes.

FIGURE IV.

Crescent Speculum after Robert Barnes.

FIGURE V.

Pessary for anteflexion of the Uterus after Fancourt Barnes.

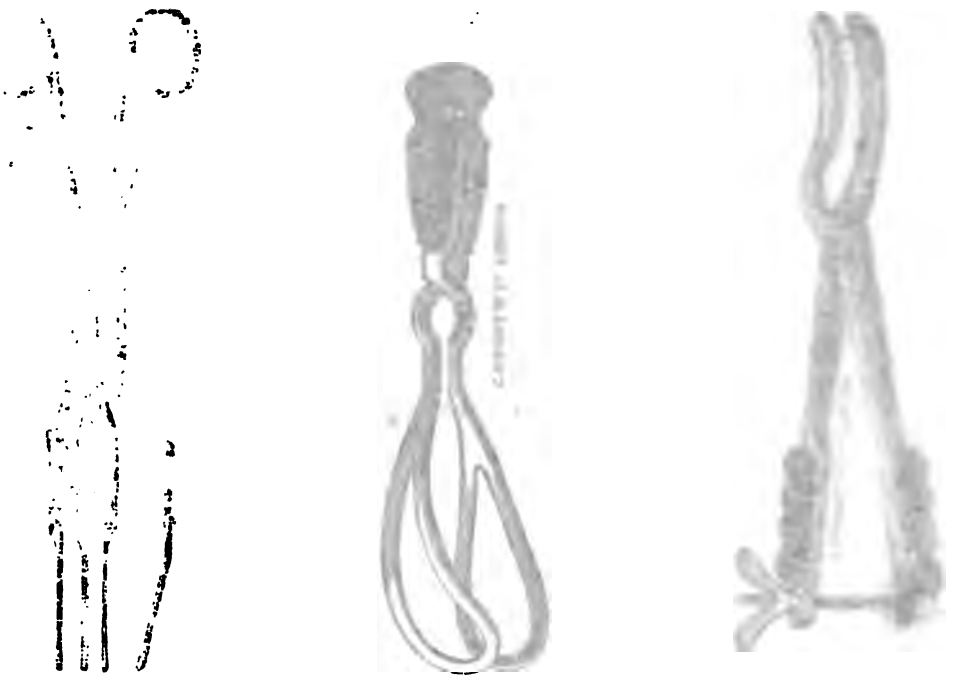

Fig. 4.

PLATE XCVIII.

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PL. XCVIII.

Fig. 1.

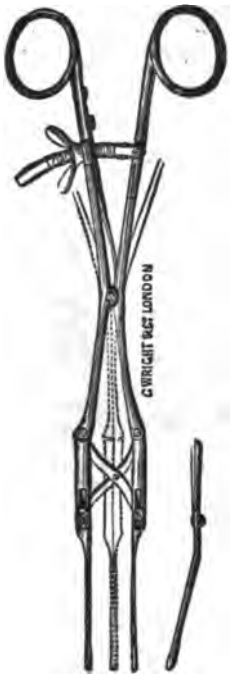
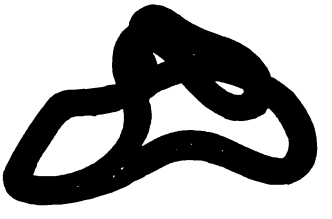


Fig. 2.

Fig. 3.

Fig. 4.

Fig. 5.



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